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ABSTRACT

This guide to help parents work in collaboration with the school team to enhance the education of their children with emotional or behavioral disorders considers special education and related services, special education evaluation, the individualized education program (IEP), school rules and policies, day treatment, residential placement, adaptations and modifications, communicating with the school, evaluating the IEP plan, and resolving differences. Checklists suggest questions that parents may want to ask on prereferral interventions, evaluation, conference planning, the IEP, transportation, suspension, change of placement, educational services in residential placement, returning to school from residential placement, a communication plan, and communication styles. Appendices include: a list of parent training and information centers by state; Subpart D on preschool, elementary, and secondary education of Section 504 of the Rehabilitation Act of 1973; suggestions for prereferral interventions for appropriate class participation and completing daily work; a list of state and national children's mental health organizations; and ideas for school modifications and adaptations. (SW)

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Honorable Intentions

A Parent's Guide to
Educational Planning for Children with
Emotional or Behavioral Disorders

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Honorable Intentions

A Parent's Guide to Educational Planning
for Children with Emotional or Behavioral Disorders

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Introduction

The title of this book, *Honorable Intentions*, is an acknowledgement that most people who have chosen to work with children who have emotional or behavioral problems have an intense interest in their well-being. However, ideas about the “best way” to meet the needs of children are as varied as the people providing services. Parents may find themselves caught between competing approaches to dealing with difficult behavior.

The different perspectives among individuals who work with children who have mental health or behavioral problems often lead to different interventions. Your child’s mental health provider, probation officer, child protection worker, rehabilitation counselor, or school staff may each have a different plan for what to do for your child based on professional training and personal

life experience. You have a right to expect that your family's values and practices are considered during the development of a plan of services for your child, regardless of who is proposing to provide those services.

Differing perspectives also exist among parents, and sometimes even between parents in the same family, about how to help their children. Like service providers, your decision about what to do usually stems from how you view the cause of the problem.

If you believe, for instance, that your child's problems are primarily medical, your first thought will be to seek medical attention with a physician or child psychiatrist. If you believe that your child simply has not learned the necessary behavioral skills, the focus will most likely be on teaching alternative behaviors. If you think your child is being willfully disobedient, as all children sometimes are, you may turn to punishment to deal with the behavior.

Develop a positive approach

One of the best rules to follow in any behavior management plan for youngsters at home or at school is to "catch them being good." This approach, ignoring undesirable behaviors whenever possible and giving plenty of attention to behaviors that are appropriate, helps parents and teachers to keep their relationship with a child positive.

Adults generally interpret the behaviors of children based on their personal experiences, beliefs and histories. Imagine that your 12-year-old daughter Ann is not

*Punishment
does not teach
new skills*

completing her school work. When her teacher approaches Ann to offer assistance, Ann responds by swearing and tossing her papers onto the floor. She becomes defiant and angry when reminded that she has work to do, and loudly refuses to comply. Her teacher tries to deal with the behavior, but Ann continues the loud tirade.

The teacher, tiring of Ann's threats, becomes angry. It is common for angry adults to use punishment to try to stop difficult behavior. Thus, the teacher may choose to suspend Ann. Or, the teacher may assume that she is lazy and unmotivated to work, and may simply walk away and not try to help her again.

Now imagine that Ann, with the same behaviors, has an evaluation that shows she has depression, is an under-achiever, is discouraged and has low self-esteem. Both teachers and parents may be more likely to view Ann with empathy and concern if they understand the source of the problem. Her behaviors may be seen as an attempt to protect a sense of self. Ann may not want adults to know that she does not know how to do the work. If those who work with her understand this, most will respond to her behavior in a much more positive way.

Note that it is not Ann's behavior that has changed in the two examples; rather it is how the adult understands the behavior that is different. There is little question that Ann's behavior is not appropriate, but the plan for how to help her may be very different depending on why she behaves as she does.

It can be difficult for parents and teachers to remove attention from misbehavior while increasing attention to

responsible behavior, since it is easier to fall into the trap of responding to only negative behaviors that need immediate attention. Undertaking a plan to provide more positive interactions with a child than negative ones means that adults must remember to acknowledge desirable behaviors, not simply to expect them.

The use of interventions that teach self-discipline is appropriate for all children, including those with emotional and behavioral disorders (EBD). Appropriate behavior instruction, including respectful discipline, should teach a child behavioral alternatives. Too often, however, parents report that their children are not being taught the alternative behaviors they need. Instead, the child may be punished for misbehavior and not taught new skills.

As members of a society that has historically demanded obedience of its children, many parents and professionals have not always understood the use of discipline as an instructional tool, and have instead accepted punishment as a way of responding to undesirable behaviors. The punishment of children, administered impulsively, in anger, or without consideration of the developmental needs of the child, creates anger and confusion.

Punishment does not teach new skills. Negative behaviors that are temporarily stopped through punishment may be replaced with even less desirable behaviors, unless a child learns new behavioral skills. Some behavioral reduction strategies such as a time-out (which is a punishment) may also include provisions that teach appropriate behavior, such as talking over the behavioral episode with the teacher and planning a more positive

way of responding. While all children can learn more appropriate ways of understanding and relating to their world, they need appropriate instruction to teach and reinforce positive skills.

Whether your child has a specific diagnosis from a mental health professional (depression, ADHD, etc.), or a label of "Seriously Emotionally Disturbed" from the public school, your family has a right to services that support your hopes and dreams for your child. As parents, you will raise your child according to your own family values, traditions or cultural experiences. A decision about any intervention or treatment program requires that you have an understanding of what is being proposed, and whether you believe that the program will be of benefit to your child. It is important for you to express whether services meet your expectations.

Teaching positive behavioral skills requires that you and the school staff work together to consider the needs of your child or adolescent, and come up with a plan. Once the plan is agreed upon, your responsibility as a parent is to provide as much support to the program as possible, and to monitor its effectiveness in meeting your child's needs.

Honorable Intentions

When parents and professionals bring their diverse experiences, beliefs, and perspectives of a child's needs to the planning table, it should be expected that disagreements will sometimes occur. Children with emotional and behavioral disorders are a challenge for even the

most competent parent or teacher. There may be days when teachers and parents are out of new ideas about how to deal with a particularly difficult behavior, and limited in the energy it takes to be creative.

These critical moments can strain relationships between families and schools, yet it is precisely when things are not going well that the need to work together is most important. Children need to know that parents are willing to work with school staff to resolve disagreements, should they arise, and are supportive of program goals.

One of the ways that can be helpful in easing tension between schools and families, if it occurs, is to consider the "honorable intentions" that bring both parents and teachers to the school planning relationship. As a parent, your intentions are certainly honorable. You want the best possible services for your child and are justifiably concerned when he or she is unhappy, discouraged or angry. You may have an understanding that your child's misbehavior results, not from conscious choice, but from a lack of alternative skills to deal with stressful situations.

It is easy to become defensive when you feel that your ideas are not valued, or when you think your child is being treated unfairly. If you believe that your child's program is not effective in teaching new skills, it is important that you find a respectful way to communicate your disagreement.

Most special education teachers also have honorable intentions, and some may serve as advocates for their students in the school environment. They may have

different ideas about the severity of your child's behaviors, or about the best way to address the behaviors. It is important not to assume that because the teacher or provider disagrees with you about instruction or services, the teacher doesn't like your child. It is more helpful to assume that honorable people can and sometimes do disagree, unless you have evidence to the contrary.

Disagreements over discipline can be common, especially when a child reports that he or she is being treated unfairly or disrespectfully. Children need to understand that you take their concerns seriously and will meet with the teacher or service provider to resolve problems. However, it is not beneficial for your child to assume that you will accept everything he or she has to say as true without investigation.

Even when you believe your child is truthful, there may be many perspectives on what actually took place. It will be important to check with the teacher if you have questions about what happened from the perspective of the school, and to listen carefully to what is being said.

There may be times when the only person at the planning table who is totally free to advocate for appropriate services will be the parent. Teachers work within a larger system, where the needs of an individual child may be considered within the context of school budgets, staff or space availability, or time constraints. Teachers may not always be free to speak out for services they believe are needed. While budgets and staff may also be among your concerns, your first responsibility is to your child. You may be the only person who is free to insist that your son or daughter receives the services he or she needs.

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As services increasingly shift to a family-driven system, parents are assuming a greater voice in and ownership of services to their children. In the field of mental health, for instance, parents have become true collaborators in the development and implementation of community-based services to their children. Families must insist on the same partnerships with education professionals.

Long after the last teacher or therapist has disappeared from your child's life, you will be there with the support and encouragement that only a family can provide. Will your child be ready to face the future? You can make the difference now, by speaking out, by asking questions, by exercising your right to participate in planning your child's program, and by letting your child's teacher know when you are pleased with services.

By working in collaboration with your child's school team, you will help to ensure that your child receives the education he or she needs and deserves during these important years.

Special Education and Related Services

The term "special education" under Public Law 101-476, the Individuals with Disabilities Education Act (IDEA), means "specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability." These services are provided by licensed special education staff. An example of a special education service is the social skills class taught by a psychologist, social worker or teacher of students with emotional or behavioral disorders.

PL 101-476 (IDEA) defines related services as "transportation and such developmental, corrective and other supportive services as are required to assist a child with a disability to benefit from special education." If your

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For children and adolescents with emotional or behavioral disorders, related services may include a mental health service such as counseling or individual, group or family therapy, or parent training.

child or adolescent is eligible for special education services and needs related services to help meet an educational goal, the related services would become part of his or her educational program.

Related services include speech pathology and audiology, psychological services, physical and occupational therapy, early identification and assessment of disabilities in children, counseling services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in school, and parent counseling and training.

Special education and related services may be carried out through direct or indirect services, depending on the needs of a particular child.

Direct services are provided to the student by a teacher or related-services professional, such as a school psychologist, or by a pupil support assistant (aide) working under the direct supervision of the teacher. Direct services may be provided in a regular classroom, in a special education classroom or community-based setting, in a residential facility, or in any other setting where a child or adolescent lives or receives an education.

Indirect services are provided by special education staff to regular education instructors or other persons who have direct contact with a student. Indirect services may include any modifications or adaptations of the environment, materials, or school discipline policies to meet the needs of the student. If the assessment shows a need, the services must be provided at no cost to families, and should be written into the student's Individualized Education Program.

IDEA eligibility criteria for children with SED

School districts are responsible for conducting an evaluation to determine whether a student is in need of special education and related services as a result of having an emotional and/or behavioral disorder, or mental illness. Children who come to school with significant emotional problems may be so distracted by these issues that they are unprepared to participate in regular school activities without assistance. Without specialized help in managing their behavioral or emotional state, many are unable to benefit from their educational program.

Under IDEA, children with emotional disorders are served under the category of "seriously emotionally disturbed (SED)." States may choose to use a different "label" such as emotional or behavioral disorder (EBD), emotional impairment (EI), behavioral disorder (BD), or other term.

The assessment (evaluation) is the tool for determining what, if any, special education and related services, are needed.

In Minnesota, the term used is emotional or behavioral disorder (EBD). That is also the term that will be used throughout this book. Regardless of the label adopted by a state, eligibility for services is based on the following IDEA definition:

"SED is defined as a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

- An inability to learn which cannot be explained by intellectual, sensory or health factors;
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

- Inappropriate types of behavior or feelings under normal circumstances;
- A general pervasive mood of unhappiness or depression; or
- A tendency to develop physical symptoms or fears associated with personal or school problems.

"The term includes children who are schizophrenic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed."

The role of special education teachers

Special education teachers who instruct students with emotional or behavioral disorders will have training in strategies to teach this group of children and youth. Their basic role is to help design or provide instruction, case management and emotional or behavioral support, and to serve as an advocate for the child within the larger school community.

The teacher should know how to develop a curriculum geared to the child's specific problems. Instruction, for instance, may be for a particular academic subject with which the child is having difficulty. Or, there may be specific instruction in anger management, problem-solving skills and conflict resolution, positive peer and adult relationships, vocational skills, self-management skills, or assertiveness training.

These services may be provided by a special education or qualified regular education teacher to help the child or

adolescent learn to cope with and learn from everyday school activities. In some instances, services may also be provided by agency staff from mental health or human service agencies, through a contract for services or an interagency agreement. Services may be provided in either regular or special education school environments, shelters, residential or day treatment programs, home-school programs, correctional programs, or in any community-based program where the student receives services.

Section 504 eligibility criteria

Section 504 states that, "No qualified handicapped individual shall, solely on the basis of handicap, be excluded participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity receiving federal financial assistance."

Section 504 is a federal civil rights law that prohibits discrimination against persons with disabilities. It is a broader law than IDEA in that it applies to any agency receiving federal funds (not just schools) from which a person might receive services. Most school districts require that students with disabilities meet a specific discrepancy criteria to receive special education services. Section 504 simply requires that no person with a disability can be subject to discrimination.

A "qualified handicapped person" under Section 504 is one who:

1. Has a physical or mental impairment which "substantially limits" one or more major life activity (caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working)
2. Has a record of such an impairment, or
3. Is regarded as having such an impairment.

For some students, the behavior or emotional disorder may not be severe enough to meet the IDEA criteria for special education services. They may still require modifications to their school program or special services to be successful in school. The right to accommodations is guaranteed under Section 504.

A Section 504 plan, rather than an Individualized Education Program, will outline the modifications or other accommodations required. Although the law is silent on whether such plans need to be in writing, it clarifies the responsibility of school districts to carry out any modifications or accommodations the Section 504 team sees as necessary. Most districts, in order to ensure compliance with Section 504 regulations, do provide written accommodation plans for students who are eligible for such services.

If your child has been evaluated and found not to qualify for special education services, your next step should be to call the school's Section 504 coordinator. You may request that the 504 coordinator meet with you to discuss your child's eligibility for Section 504 accommodations. A student who qualifies for services under Section 504 may receive modifications to his or her school program, including necessary changes to the curriculum or other accommodations.

Many states are in the process of implementing specific standards, or performance requirements, that students must meet in order to graduate from school. Section 504 services may be focused on accommodations for students with disabilities to meet graduation requirements. Examples of regular and special education

accommodations are included in the chapter on "Modifications and Adaptations."

The focus of this book is on developing goals and objectives for special education Individual Education Programs. The process of identifying and planning how to meet the needs of children under Section 504 is similar to the special education process, although the timelines for the two may be different. The information in this book should be useful in considering the behavioral needs of students who may qualify for services under either IDEA or Section 504. For your information, the specific requirements of Section 504 are found in the appendix.

Special Education Evaluation

Your child may be referred for a special education evaluation if he or she has demonstrated problems in school. This has nothing to do with whether a child has a mental health diagnosis, but is based on how well he or she is doing at school in academic, social, behavioral or vocational areas.

There is no federal requirement that for a child to receive special education services, there must be an evaluation by a mental health professional. Likewise, a mental health diagnosis does not, by itself, mean that a child needs or is eligible for special education. The purpose of an evaluation is to determine a child's need for special education services at school.

A few states may have a specific requirement that a child must have a mental health diagnosis as part of the evaluation conducted by the school district. If this is true in your state, then the school district will conduct the mental health assessment as part of its evaluation.

Pre-referral interventions

Pre-referral Intervention: A pre-referral intervention is any systematic intervention that the regular classroom teacher uses in an attempt to correct learning or behavioral problems before referring the child for an evaluation.

Before a child is referred by school staff for assessment to determine whether he or she has a disability and needs special education or Section 504 services, schools may plan and conduct pre-referral interventions in the regular classroom to see if the child's behavior improves with simple changes to the curriculum or environment. This means that the teacher, often with the assistance of others at the school, will try to figure out what is causing or reinforcing the problem behavior, and will develop a way to try to improve the behavior.

Teachers should be alert to problems a child is experiencing, and try to deal with the problems before they become severe. Pre-referral interventions are required by special education law in Minnesota and some other states, but are a good idea for any child before a referral is made for an evaluation.

Teachers are usually good at identifying behavior problems, and many routinely provide accommodations to individual students in an informal way. If, for instance, the teacher notices that one of her students does not complete classroom work when seated next to a certain friend, the teacher may move the student to another seat to see if performance improves. Or, a teacher may note

that an anxious student does better when alerted a day or so in advance of a test that will be given.

If such changes result in improved performance, assessment may not be necessary. If the problems continue, a more systematic intervention may be needed. This begins with a multidisciplinary evaluation, which is often called a comprehensive assessment.

Usually, if teachers identify a problem behavior, they will try a variety of strategies to help the student before making a referral for an assessment. However, parents are not required to wait for the school to try pre-referral interventions before they can request an evaluation, if they believe their child needs to be tested.



Checklist: Pre-referral interventions

Questions parents may want to ask before assessment is undertaken are:

1. **What pre-referral interventions were tried by school personnel before referring my child for an assessment?** If a teacher has made the referral for an evaluation, he or she will have tried a variety of strategies to try to correct the problems before referral. Valuable information about a child can be gained from understanding what has not worked.
2. **Were the interventions carefully documented and evaluated?** Should additional strategies have been tried before referral for an evaluation? Should they have been continued for a longer period of time, or perhaps modified?

-
3. **Who designed the pre-referral interventions, and were they based on behaviors that had been established as a significant problem for my child?** Did the interventions match the problems my child was having? Teachers do not always have training to intervene with all behaviors, and may need to consult with the school counselor, psychologist or others to help design effective interventions.

Requesting an evaluation (assessment)

Once parents request an evaluation in writing, school staff may decide to try pre-referral interventions, but may not postpone responding to the parent's request or delay the assessment timeline to do so.

If pre-referral strategies have been implemented but have not been successful in creating the desired behavior change, or if you believe that your child may be in need of special education services or accommodations under Section 504, the first step is to request — in writing — that the school district conduct a multidisciplinary evaluation. This is an evaluation that looks at all areas of your child's performance, including academic, motor skills, social and emotional development, vocational skills, and any other area identified as a learning problem for the child.

The multidisciplinary evaluation is often called a comprehensive evaluation or comprehensive assessment. The written request for an evaluation should be mailed to the school principal, with a copy to the special education director for your district. It is a good idea to make a copy of the letter and keep it in your child's file at home, so that you have a record of the request. The school referral team will review your child's records and will inform you, in writing, of its decision about whether to perform the evaluation.

If the request is for a first-time evaluation, the school district must obtain your written consent to proceed with the testing, and must advise you of the kinds of tests they will use with your child, and for what purpose the information is to be collected. You may either agree or disagree with the request, but your response should be in writing, within 10 school days.

If school team members do not believe that an evaluation is necessary, they need to explain why. You have the right to request a conference to discuss their position, and the right to request, in writing, a conciliation conference (Minnesota law), a mediation, or a due process hearing to resolve any continuing disagreement about whether evaluation is needed for your child. Information about the IDEA appeal process is in the section on "Resolving Differences."

Your child's teacher or other school staff person may also initiate the referral for evaluation, if they believe one may be needed. In this instance, they will request your permission for the evaluation to take place.

Once school personnel have obtained your permission to complete an evaluation, they must complete all testing within a specific period of time defined by your state's rules. Minnesota, for instance, permits 30 school days from the receipt of your written consent for the completion of an evaluation.

Nondiscriminatory testing

All tests, by their very nature, discriminate. If all persons taking the same test obtained the same score, then the test would not be useful. However, tests should discriminate only in those areas they were designed to measure — anxiety, depression, etc. — and not along areas such as culture, race, language or value systems. Children from diverse racial or cultural backgrounds may be particularly susceptible to cultural bias in emotional and behavioral assessment areas.

Examples of cultural bias in viewing behavior:

1. An American Indian student who recoils or becomes angry when a teacher places a hand on his shoulder to assist with class work may be viewed as having a behavioral problem. What actually may have occurred was that the teacher failed to understand the concept of personal space practiced in that child's culture, and the child may have felt threatened.

2. A Hispanic child who does not make eye contact with a principal to whom he has been sent for a discipline problem

may be seen as indifferent or intimidated, when he simply has learned at home that maintaining eye contact with an authority figure is disrespectful.

The interpretation of information through the cultural framework of the test giver is common. It will be important to ask questions about any proposed tests where behaviors are being measured, and to refuse any tests that cannot be demonstrated to be appropriate.

You have the right to know what kinds of tests are to be given to your child, and to know if any of the tests could have a negative effect on your child. You have a right to know whether any of the tests may discriminate based on your child's race, culture, socioeconomic status, or disability.

It is always a good idea to ask whether the person giving the tests has had experience testing children from your child's ethnic or cultural background. If not, you have the right to ask that the testing be performed by someone of your child's background, or by someone who has experience in your child's race or culture.

It is perfectly acceptable to ask these kinds of questions, and to expect that your questions will be answered honestly. Professionals who are sensitive to the issues of test bias in language, race, culture or socioeconomic status should willingly share such information with you.

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You have a right to be given copies of the assessment results, and to have the results explained to you in a way you can understand, before any educational planning takes place.

A comprehensive evaluation for your child with an emotional or behavioral disorder includes formal and informal assessments. School personnel will complete academic achievement testing, behavioral rating scales, and assessments of your child's social, functional, vocational and independent living skills. For some children, assessing the need for an adaptive device, such as a computer, will be part of the evaluation.

In addition, you will be asked to share information about your child with the assessment team, to help in determining if your child needs special education services or accommodations in the typical school program. The evaluation may also include psychiatric or psychological testing and observation conducted at a hospital, private office, treatment center or school, as well as a developmental history and significant family events.

The reason for an evaluation is two-fold. First, an evaluation determines whether your child needs special education services or an accommodation plan under Section 504. It also identifies strengths and needs to determine how your child learns and should be taught.

Once the evaluation is completed, you will meet with an individual or a team of persons to hear the results of the testing. If your child can be helped simply by making changes in the regular school program, then special education is probably not necessary. Perhaps, based on the amount of change needed in the regular program, the school will recommend a Section 504 plan. However, when problems occur in many environments and require a greater level of service than simple modifications, special education services may be necessary.

Since the Individualized Education Program or Section 504 plan is developed directly from the needs and strengths that are identified in assessment, you and the school staff should agree on whether the evaluation is correct. If the assessment is inaccurate or incomplete, the IEP or Section 504 plan may not appropriately address your child's learning needs.

A meeting, sometimes called an assessment review, is where the assessment results are discussed. At least one person from the assessment team must attend this meeting to provide information about the test results. You will, at your request, be given a copy of the assessment results.

The assessment review may either be scheduled as a separate meeting (required when your child is found not to qualify for services), or may be scheduled as part of the IEP team meeting. Most parents prefer to hear about assessment results at a separate meeting so they have time to think about the results before an IEP or Section 504 plan is written.

Checklist: Evaluation



Compare the results of the evaluation to what you know about your child. Questions to consider include:

1. **Was the evaluation comprehensive?** In other words, were all areas of concern assessed? While it is always important to consider the academic progress a child is making in school, his or her education also includes the development of appro-

priate social, emotional or behavioral skills. A child who is doing math at his or her grade level but who has no relationships with peers or adults may need special education services for developing social skills.

2. **Was my child evaluated by more than one professional and in more than one environment?** Having more than one person conduct an evaluation increases the likelihood that the assessment data will be accurate. Your child's behavior should be rated in a variety of school environments, and be compared to the behaviors of other students in those environments. Children who have problems in only one area, such as only during gym class or free time, may have behaviors that are influenced by events in the environment. In this case, often the best approach is to make changes in the environment. You may provide information about your child's behaviors at home or in the community, and share any health information the school needs to know.
3. **Has assessment been completed to identify any learning problems that may exist in addition to an emotional or behavior disorder?** Some children may have specific learning disabilities in addition to an emotional or behavioral disorder, and need services in both areas. Some children have learning problems because their behaviors interfere with learning. Others have both learning and behavior problems. Some students have primarily a learning disability, but may misbehave to take the focus off their learning problem. They would rather

be thought of as "bad" than "dumb." For this group, a program that addresses both behavioral and academic problems has the best chance of success.

A functional analysis of a child's behavior is different from the typical assessment given to children because its focus is on what the child is trying to communicate by his or her behavior.

- 4. Has my child's mental health diagnosis been given appropriate consideration?** Any mental health diagnosis should be included as important information in the school's assessment process. School professionals generally do not use a diagnostic system such as those used by a psychiatrist (Diagnostic and Statistical Manual of Mental Disorders, or DSM), to determine whether a youth needs school-based services for an emotional or behavioral disorder. While school staff may use your child's medical diagnosis to support the need for services, they must rely on the definitions for eligibility in IDEA to determine whether the child qualifies for special education.

Many children with psychiatric disorders will not have problems severe enough to require special education services. However, any behaviors that are a part of your child's mental health condition are an important part of the assessment information, because they demonstrate specific needs. The mental health diagnostic criteria can be useful when developing IEP goals or Section 504 plans.

For instance, a diagnostic criterion for determining the presence of an "attention deficit hyperactivity disorder" is "often interrupts or intrudes upon others." Since to meet this criterion requires the inability to consistently refrain from interrupting or intruding on others, the need for a child to learn and

reinforce that new skill is established. Instead of simply punishing the child for interrupting, the teacher should develop a way to teach the child techniques for self-control.

These behavioral needs may be addressed through counseling, medication, or through the systematic teaching of new skills or other techniques. Such services may be provided through special education or Section 504 accommodations, depending on the severity of the problem.

5. **Does my child need a transition plan?** Transition goals, or the skills a student needs to learn while still in school to prepare for life after high school, should be written on the IEP. Federal law requires that transition goals be addressed on the IEP by age 16 or earlier if needed by the child. In Minnesota, the required age for transition goals is 14 or earlier when appropriate.

It is important to plan ahead for the future, when your son or daughter leaves high school. Will she have the skills to go to college or trade school? Have a job? Live independently? Is she able to relate well to others? Manage medication or other health care needs? If not, what is most important to learn while still in school?

From these needs, transition goals are written on the IEP. Vocational skills are an important part of a transition plan for many students, especially for adolescents who are not planning to attend college or any other formal post-secondary program.

6. **Has my child had an assessment to determine what vocational services will be needed?** Vocational education may be an extremely important part of a total educational program for developing work skills and, for some students, for learning appropriate social behavior and enhancing self-esteem. Vocational training may become part of the IEP, if the team decides it is needed.
7. **Did the assessment show my child's or adolescent's strengths?** Identifying strengths provides balance to the assessment, since most evaluations focus on identifying what your child cannot do. It will also give the team a basis for providing positive reinforcement and for developing a strengths-based program.

There are few people in the world who spend their recreational time doing things they do not enjoy. Instead, most people tend to participate in activities (sports, art, writing, etc.) they enjoy, and at which they are competent. Since children with EBD may spend most of their school time working on areas of difficulty, teachers must find what they do well and use those skills as part of their program.

8. **Do I agree with the school about my child's needs? If not, what can I do?** The school's responsibility is to let you know your rights in any dispute, and tell you what steps you can take to resolve any disagreement. The processes for resolving disagreements are written into federal law, and are described in the "Resolving Differences" chapter of this guidebook. However, do not hesitate to

ask your school about the best way to resolve a problem.

9. How will the results of this evaluation be used?

If your child does not qualify for special education services, is he or she able to receive adaptations and modifications under Section 504? A child with a mental health diagnosis (ADHD, depression, etc.) may be eligible for accommodations under Section 504 even if he or she does not qualify for special education, if there is a significant impairment in learning. A "significant impairment" means that a child is performing below his or expected level because of a disability.

How will the teacher use the information from the assessment to adjust how your child is taught? Accommodations must be provided, if needed, to ensure that a student does not encounter discrimination in his program due to disability.

10. Will my child's cultural background affect test results?

It is not uncommon for some kinds of testing, especially assessment that requires high verbal skills, to discriminate against children whose culture does not value such skills in the same way as the majority culture. If your child has been identified with a communication problem and you do not agree with the test results, you will want to be sure that the assessment results are accurate.

Functional behavioral analysis

The information gathered from a functional analysis should be included under the "Present Levels of Performance" section of your child's IEP. This information will help guide the development of behavioral goals and objectives on the IEP.

There may be times, even after a regular evaluation has been completed, that parents and schools still have questions about why specific behaviors occur. Sometimes your child may be receiving services but not show any behavioral improvement. The testing that has been completed may not provide enough information to know how to help. In those instances, an important part of the information gathering process is a specific kind of assessment called a "functional behavioral analysis."

School staff are experts at gathering information about how often a specific behavior occurs. Many, however, have not taken the next step and focused on identifying the "cause" of a behavior of concern — that is, why the problem behavior occurred in the first place. While the behaviors of children are often very complex and affected by a combination of factors, the search for cause can provide insight into a child's problems. When school staff and parents can agree on why a child behaves as he or she does, they will most often agree on how to change the undesirable behaviors.

If the influences on behavior can be identified, it may be possible to make changes in the curriculum, seating arrangement, environment or interventions to help modify the behavior. A functional analysis may not be needed for all students. However, if your child has been receiving special services and is not making progress, it will be important to take a look at specific behaviors to see if reasons can be identified for the occurrence of those behaviors.

A functional approach to behavior, or identifying the factors that contribute to behavior problems, can lead to the development of interventions targeted to reducing or eliminating specific behaviors. The steps in conducting a functional analysis are:

1. Identify the core behaviors. It is not important to list all possible behaviors: hitting, swearing, failing to complete work, stealing, speaking out of turn, work refusal, etc.. Focus on one or two behaviors of the most immediate concern, such as violence or physical aggression.

Is the identified behavior likely to change with specific teaching, or is it part of the child's emotional disability that is probably not going to be modified? What is likely to happen if the behavior does not change? Can the behavior be ignored? Often, behaviors that are annoying but not severe respond best to being ignored, especially when the child is working on correcting more severe problems.

2. Decide who will be responsible for observing the behavior. The observer of the child should be impartial, so that there is no danger of personal feelings guiding the data collection process. Often, the person who is responsible for collecting behavioral data is the school or district psychologist, or social worker. If this is so, does the person have experience in behavior analysis? At times, a behavior specialist may be brought into the school to observe a child with particularly difficult behaviors.

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3. Collect data on the behavior. Where does the behavior happen most often? Is it more likely to occur at a particular time of day or in a particular classroom? Children may engage in negative behaviors to escape or avoid what they see as undesirable activities or tasks, to gain attention or status, or to fit in with others.

In trying to determine the cause of a particular behavior, it may be important to involve the child in the discussion. What is he or she trying to accomplish with the behavior? A functional analysis of behavior includes three specific components of evaluation — the behavior itself, what was happening in the environment just before the target behavior occurred, and what happened as a consequence of the behavior. This is where it can be useful for you to know the behavioral ABCs:

Child can perceive consequences of a behavior as positive

The consequences for inappropriate behavior are always instructive — that is, your child learns something from them. However, sometimes not enough attention is paid to exactly what has been learned from each consequence.

Any time a child perceives the consequences for a specific behavior (including misbehavior) as being positive, the use of that consequence increases the likelihood that the behavior will happen again. If Billy is suspended for swearing (behav-

ior), and if Billy's intent is to be suspended (consequence) because he has not studied, it is likely that Billy will use swearing again as a way of being suspended.

In this case, suspension is exactly what Billy wants, and now he knows how to make it happen. Suspension, then, becomes a positive consequence for Billy, not the negative consequence it was intended to be.

Antecedent: What usually happens before a child misbehaves. Is the work too easy? Too hard? Did the child forget to take a medication dosage? Where was the student in relation to the teacher? Was the teacher trying to redirect to a new task? Was a new student in the room? Were other children around? Was the classroom where the misbehavior occurred unusually busy? In what academic activity was the child engaged?

Behavior: What exactly did the child do? What was the specific behavior? It is not enough to say that a child is disruptive; the behavior needs to be specifically described. If a child is described as aggressive, did she hit another child? Interrupt a game? Threaten?

Consequence: A systematic analysis of the consequences following the occurrence of the specific behavior attempts to determine the function of the behavior. What happens after a particular misbehavior? Did the child receive a reprimand? More attention? Did the other children laugh? What did the teacher do? Was the consequence seen as positive or negative by the child?

4. "Formulate a hypothesis" about the cause of the behavior. A "hypothesis" is a "best guess" about the cause of a behavior, based on the collected data. You might think about "formulating an hypothesis" as similar to solving a mystery. First, a detective gathers as many clues as possible. Then a guess is made about what might have happened. You are simply making a guess, based on data, about why your child behaves as he or she does.

Develop an intervention to test the hypothesis. A specific intervention (plan) will be selected to try to improve or correct a behavior. Depending on a guess about the cause of the behavior (hypothesis), the plan might include:

- a. planned reinforcement of positive or acceptable behaviors;
 - b. modifications to the environment (changing the setting, providing an alternative curriculum, establishing routines, altering classroom lighting, reducing noise or clutter, etc.);
 - c. developing a specific consequence for the occurrence of the behavior; or
 - d. teaching a new skill (teaching the child or adolescent appropriate behaviors, problem-solving skills, conflict resolution, etc. as alternatives to the unacceptable behavior).
5. Collect data on the effectiveness of the intervention in changing behavior. If your child's behavior improves using the team's plan, the "hypothesis" is assumed correct. If behavior does not improve, the team will select a different intervention.

While no one wants to continue to use techniques that do not appear to be working, one of the common mistakes in promoting behavioral change is giving up too quickly on an intervention. Inappropriate behaviors are often habits that have become a normal way of life for a child. Teaching new behavioral habits take a long time, and may require a variety of interventions to reinforce new skills.

Characteristics which may influence behavior

The interaction between a child and his environment is rarely simple. Anxious children in stressful environments will have more adjustment problems than secure children in supportive environments. Additional evaluation on the characteristics of environments that either positively or negatively affect the behavior should be part of the determination about why a behavior occurs and how it is reinforced. Sometimes, simple changes in the environment, teaching style or curriculum may promote behavioral change.

Children who spend time in identical environments may respond very differently to those settings. One child may thrive in a colorful, noisy classroom, while another finds the same classroom intolerably chaotic or disruptive. If the various types of stress in a particular child's school life can be identified through a functional analysis, modifying the stress factors may lead to significant behavioral improvement.

The following are examples of characteristics affecting behaviors that may be identified through a functional behavioral analysis. Some characteristics can be addressed by the school, while others require a close working relationship with the family. Examples of factors that may influence the development and reinforcement of problem behaviors include:

Environmental influences:

- Size and structure of the classroom, including the number of students.
- Transitions between activities (switching from one task to another).

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- Curriculum (too simple, too difficult, too intense, not interesting enough, not presented in format appropriate to learning style, etc.).
 - New situations at school (new student in the classroom, new desk location, new bus driver).
 - New situations at home (change in family structure, move to a new home, exposure to violence, etc.).
 - Difference between teaching and learning style.
 - Subtle teasing by other students, or the general quality of such relationships.
 - Not enough structure in environments such as gym, recess or hallways.
 - Relationships / history with others in the room.

Child-specific influences:

- A mental health or neurobiological diagnosis, and its typical anticipated behaviors (impulsivity, anxiety, perseveration, etc.).
- A "normal" if unpredictable phase of a specific disorder.
- Medication "valleys" — when medication is low between doses.
- New medication or change in medication.
- The self-concept, motivation and past experiences of the child.
- Disease, illness, abuse or neglect.

Independent Educational Evaluation

When all the evaluation data has been gathered and discussed at the assessment summary meeting, you should consider whether you agree with the results of the evaluation. You may request that the school district conduct additional evaluation if you still have unanswered questions. If you and district staff are not in agreement about the results of the assessment, you have the right to an Independent Educational Evaluation (IEE). You may either:

1. request an IEE be conducted at public (district) expense, or
2. have the child evaluated elsewhere at your own expense.

The request for an IEE at public expense must be made in writing and state that you disagree with the school's assessment results.

Requesting an IEE is asking the school district for an evaluation to be performed by someone who does not work for the district. The request must be made in writing, stating that you disagree with the school's assessment results and that you would like another evaluation at district expense. If you have requested an IEE in writing, the district has two options. It may:

1. agree to pay for an IEE by a person that is mutually agreeable to you and the district, or
2. initiate a due process hearing to show its assessment is appropriate.

The results of the Independent Educational Evaluation, once completed, should be shared with parents and school staff, and should be used to help identify a child's learning needs.

The Individualized Education Program

The Individualized Education Program (IEP) is a written document required for every child with a disability who is in need of special education and related services. This includes children who are receiving services in shelter care, correctional settings, home based programs or residential treatment centers, as well as those served in public school settings. The IEP plan includes a summary of assessment results, including information provided by you about your child and any relevant testing done outside the school. The summary of assessment results is included in the IEP under the section called Present Levels of Performance.

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The IEP states how the needs that were identified in assessment will be met. The IEP contains annual goals (how much progress your child is expected to make in one year), and short-term objectives (specific measurable steps) for meeting the goals. The IEP should be:

- Written once per year (or more often if needed) and reviewed at least once per year.
- Developed by a team of persons, including parents and the student, when appropriate.
- Developed at an IEP planning conference.

It is important to remember as you develop your child's IEP that children and youth with emotional disorders have skill deficits in behavioral and emotional areas. This means that specialized instruction will be needed to teach your child the skills that he or she lacks, including academic skills, behavioral skills, social skills, transition skills, or any other area important to your child's future. The goals and objectives in the IEP plan will describe the kind of services that will be provided by the school system to help your child make educational progress.

IEP conference planning

If the assessment information shows that your child does not qualify for special education — that is, if his or her disability is not severe enough to require special education services — the school district will arrange an assessment review meeting. At the meeting, parents will have the testing results explained to them and will be asked to agree or disagree. This is explained more fully in the section on Independent Educational Evaluation.

If the evaluation of your child shows that he or she needs special education services, you will receive a written invitation to come to the school to help develop an Individualized Education Program. The group of persons who are responsible for developing an IEP may be known as an IEP team, a Planning Team, a Multidisciplinary team, or some similar name.

IEP team members include parents, regular and special education teachers, and a school administrator or someone who can act in the capacity of the administrator in making decisions. Other members may include persons who completed the assessments, school staff who know the child, or other persons that the school or parents believe have information about the child. You may also bring anyone of your choosing to the IEP planning meeting, such as a friend, baby-sitter or advocate.

Checklist: Conference planning



If you are not able to go to the meeting at the time it is scheduled, it must be rescheduled at your request. This is your child's planning meeting, and you need to be there. You are an expert concerning your child! Here are some specific questions to consider in advance to help the IEP conference go well:

- 1. Have I reviewed the results of assessments before the conference and noted my concerns?**
Evaluation results can be confusing, especially when they are represented by graphs or diagrams, rather than in writing. You should not feel responsible for learning how to interpret a behavioral chart — just ask what it means!

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2. **Do I have copies of all medical or psychological reports I want to share with the school?** Parents often have evaluations that have been conducted by pediatricians, medical doctors or mental health professionals. You are not required to share this data with the school, but much of it will be useful in planning the school program. You may choose to share all your assessment data, none of your assessment data, or only the part that is relevant to educational planning.
3. **Has the school notified me about who will be attending the staffing so that I can be prepared?** The school is required to provide you

What Should Be Included in an IEP?

The Individualized Educational Program will include all services a child is to receive during a school year to meet his or her needs. An IEP should contain:

- The Present Levels of Performance (how your child is doing at the time of testing);
- A description of special education needs in any or all of these areas: intellectual functioning, academic performance, communicative status, motor ability, sensory status, health or physical status, emotional and social development and behavioral skills, functional skills, and vocational, occupational and secondary transition skills;
- Long-term goals (for one year) to meet the special education needs discovered in assessment (this includes behavioral as well as academic and other goals);
- Short-term objectives (specific steps for reaching the goals);
- The date of the IEP periodic review (to see what progress has been made toward meeting the goals);
- Any adaptations or changes that will be made by regular and special education to permit your child to be successful in a regular classroom or other setting;
- For a child who spends the major part of a school day in a special education setting, what opportunities will be provided to participate in activities with students who do not have disabilities; and
- A list of all special education and related services your child will receive, the amount of time allocated to each service and the starting dates of services.

with written notification about the staffing, including who is planning to attend. You may also bring someone of your choice to the meeting. Just as you want to know who is planning to attend from the school staff, you should also let them know if you are planning to bring a friend, family member or outside professional with you.

4. **Have I written down what I would like for my child to learn?** It is easy to become overwhelmed in meetings where a group of professionals is discussing the problems your child is having. Writing down your priorities for your child can help you to be prepared for the discussion. Your priorities are important, and must be considered!

Present Levels of Performance

The Present Levels of Performance (PLOP) section of the IEP lists your child's strengths and weaknesses. The statements should be written in a way that helps you to understand your child's needs. All of the areas that were evaluated should have present levels of performance statements, which are simply written comments about how your child performed during assessment.

Were the conditions during assessment acceptable? Are the results valid? Do you believe they accurately reflect the skills your child has? What were the problem areas? From present levels of performance statements, the team will develop goals and objectives.

In the area of social and emotional development and behavioral skills, words like "off-task," "disruptive,"

"disrespectful" or "insubordinate" tend to be used often in present levels of performance statements. However, these words have different meanings to different people. Be sure that if the present levels of performance statements use words that are general rather than specific, the behavior is fully described.

Ask to have terminology explained if you do not understand terms like "grade equivalent," "standard score," or "discrepancy." If information is charted or graphed, you may ask that it be explained in words you understand. You have a right to have your questions answered in a way that you can understand, since the IEP or Section 504 plan will be developed from the assessment results.

Performance statements need to focus on specifics

Instead of "Billy is disruptive," statements from the Present Levels of Performance on an IEP should be more specific.

An example is, "Billy is out of his seat an average of 6 times per class hour, compared to a classroom average of .75, or less than once per hour. The greatest frequency (9 times) occurs during math and geography, the lowest (2 times) during art.

"When he is out of his seat, Billy tries to engage other children in conversation. If

ignored, he pokes at or touches them or their belongings.

"During one observation, Billy was asked by another student to return to his seat, and he responded by throwing that student's papers onto the floor."

From this statement of present levels of performance, one potential IEP goal would be for Billy to increase his ability to attend to classroom tasks, with objectives focusing on improving in-seat time.

Developing an intervention plan

The Billy example from the previous page answers several questions, but asks even more. Look at Billy's out-of-seat performance. What do you know about Billy when he is out of his seat? Do you think he is restless, overactive, non-compliant — or just bored? It is not possible to know why Billy is out of his seat from the paragraph information, but even with the limited information, there are a number of guesses that could be made about Billy's behavior. These are just a few:

1. Billy pokes at other kids when they ignore him. He tries to engage them in conversation.

Hypothesis: 1. Billy does not know how to make friends.

2. Billy is trying to gain attention (of either the teacher or the other students).

3. Billy feels rejected, insecure, inadequate.

2. Billy has a hard time staying in his seat during math and geography.

Hypothesis: 1. Math and geography are too hard.

2. Math and geography are too easy, or boring.

3. He does not understand directions.

4. Billy cannot read well.

5. There are too many problems on a page and Billy is confused.

6. Billy is hyperactive and needs an occasional break.

3. Billy spends more time in his seat during art.

Hypothesis: 1. Billy likes art.

2. Billy needs hands-on activities.

3. Billy needs to move around; and art provides an opportunity.

4. Billy becomes angry easily.

Hypothesis: 1. Billy needs to learn problem-solving skills.

2. Billy does not know how to control his anger.

3. Billy is easily frustrated.

Clearly, the best guess about why a child is out of his assigned seat in class will vary from child to child, and each informed guess (hypothesis) may lead to a different intervention. Here are some possible interventions for Billy, depending on the presumed cause:

- teach a “stop, relax and think” strategy for problem-solving (see chapter on “Modifications and Adaptations”).
- role-play getting along with others.
- develop a plan to provide positive attention, such as participating in an activity with another child as a reward for remaining in his seat for a longer time.
- build a planned “break” (deliver message to the office, etc.) into academic classes, especially if Billy is able to extend his in-seat time by a minute or so. Remember, teaching new behaviors requires that you reward progress toward a behavioral goal. If the goal is to have Billy remain in his seat for the

full hour, then learning how to remain in his seat will require that the teacher reward him for any increase of time. This is different from punishing his failure to remain in his seat for a full hour, which he obviously has not learned to do.

- use different books at a more appropriate level for learning.
- use hands-on learning (relief maps, group projects, chips for counting, an abacus, etc.) for math and geography.
- pursue more evaluation in academic areas.
- use special art projects as "earned time" for in-seat behavior.

Checklist: IEP



The following questions are provided as a checklist for you to consider when developing an Individualized Education Program (IEP) plan for your child. Remember, the purpose of the IEP is to help improve your child's academic and behavioral skills.

1. **What are my child's needs?** This is the first question that should be asked at the IEP planning meeting, and the list of needs identified should be written down before proceeding with the meeting. Each IEP contains information from a student's Present Levels of Performance, which describes strengths and weaknesses in academic as well as social and behavioral areas.

It is important that you understand and agree with the needs that have been identified through assessment because they form the basis for developing educational goals. For students with emotional or behavioral disorders, behavior needs are of primary importance, which means that goals and objectives will be written that have as their focus the improvement of behaviors.

Many students whose primary disabilities are "attention deficit hyperactivity disorders (ADHD)," or "learning disabilities," will also have behavioral goals, regardless of whether they are receiving services under the category of emotional or behavioral disorders. Remember, the needs should be in specific terms (Billy hit Mary on the arm with a book), not in general terms (Billy is aggressive).

2. **What kind of services will be provided to meet my child's needs?** Does your child have academic, social, behavioral, health management, vocational or other need areas? What kinds of specialists (counselor, psychologist, teacher, social worker, nursing services, rehabilitation counselor, crisis team, etc.) will be available to provide services?
3. **Will direct or indirect services be provided?** Direct services are services provided by a licensed staff person or a person working under the direct supervision of a licensed staff person. Indirect services are those services provided by special education staff or other agency personnel to other teachers and staff who will be working with your

child, and not provided directly to your child. They include teaching others how to modify curriculum or to manage behaviors. Questions to ask about services include:

- How much direct instruction will be provided to my child by the special education teacher or related services personnel? Will the direct instruction be one-on-one, in a small group, or in a regular classroom?
- If a "pupil support assistant," or aide, is provided, is the person assigned to the classroom, or just to my child? If a crisis arises, what is the role of the aide? Does this person have training in behavioral intervention and crisis management? If not, who will provide the training if it is needed?
- Is the amount of direct service appropriate to my child's needs? How was the decision made about the amount of direct instructional time, and how will its effectiveness be evaluated? In a team-teaching model (where regular and special educators co-teach a class), how many other students in each classroom will also need the help of the special education teacher?
- How large is a "small group," and is the number of other students appropriate to my child's needs? This is an important question when direct services are provided in a small group setting; such groups may range from two to 15 children, depending on the service provided and the age of the children receiving services. If the maximum size of the group is important to learning, it should be included in the IEP.

4. **Where will the services be provided?** Locations may include a separate school or treatment program, alternative school program, preschool program, part-time placement in a special education classroom, regular education program, home school program, vocational program in the community, trade school or college, or any other facility where the child may be placed for care.
5. **Is the length of the educational program appropriate to the needs that were identified in the assessment?** Your child is entitled to the same length of school day as is offered to children who do not have disabilities, unless you agree that your child's needs require a longer or shorter program.
6. **What other placements have been considered and why were they rejected?** Has the school considered whether your child's needs can be met in the regular school program? If you agree that your child has too many needs to be successful in the regular classroom placement, do you also agree that the proposed program is the right one? How much special education service will your child receive in the proposed program?
7. **How many other children will be in the special classroom setting that has been recommended, and what are their ages and abilities?** It is important that your child has appropriate models for academic achievement as well as models to promote behavioral improvement. Are other children in the program performing at the same basic academic

level? Parents need to be sure that the behavioral program is balanced with opportunity to learn academic skills.

A discipline plan should not be considered the same as a behavior management plan. A behavior management plan will list the steps undertaken to help your child to learn new behavioral skills, while a discipline plan simply lists the interventions that will be used to stop an undesirable behavior. A discipline plan may be part of the behavior management plan.

- 8. Is a written discipline plan needed for my child to be in the regular school program?** A discipline plan simply lists the steps that will be taken to deal with misbehaviors. The steps might include reminder, in-room time-out, conference with principal, removal from class, suspension, etc., usually in order from the least to the most restrictive consequence.

If the IEP team decides that the regular school discipline procedures are not appropriate for your child, who will write the amended discipline plan for the IEP? Who will be responsible for informing the total school staff about modifications to the existing school discipline policy? If school classrooms have separate discipline plans, the IEP team will need to gather the written policies from each teacher, and consider whether they are appropriate for your child.

- 9. If my child is in a special education setting for the majority of the school day, how much time per day will be spent with children who do not have disabilities?** In what classes or settings will your child be placed with children who do not have disabilities (lunch, recess, regular classroom, bus, etc.)?
- 10. What does my child think of the services being proposed?** Some children may not agree to be

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placed in a special setting to receive services. It is important to include children, especially adolescents, in helping to make decisions about their school services, and to include them, whenever possible, in the IEP or Section 504 planning meetings.

Children have not always been consulted about their school programs, yet the best designed program can be sabotaged by an unwilling student. Even if the team decides against accepting all the recommendations made by a child, or does not believe that those recommendations will be of benefit, the student should be encouraged to participate in discussions affecting his or her life.

- 11. What support services will be needed in the regular classroom for my child to be successful?** How will regular education teachers know about the IEP? If a child's behavior will be a problem in regular settings, it is important to develop accommodations for participating success-

'Plan B' in IEP keeps youth in school

Ken, 13, has schizophrenia. He also has what his aunt calls "Behavioral Valleys" — those times when his illness causes him to act more disruptive than usual.

His IEP plan allows Ken, during those periods, to suspend his regular educational program in favor of using a small room attached to the library. There he spends time in a quieter environment with

his behavioral aide, or goes for a walk in the park.

This accommodation to his special education program helps him to maintain behavioral control. Without "Plan B" written into the program, Ken might be suspended from school for his failure to succeed in his normal program.

fully. Accommodations might include a positive behavior management plan, modified curriculum, classroom aide or child-specific aide, computer for work completion, or any modifications the team believes are necessary.

Children who have emotional, behavioral or mental disorders will not always respond to the behavioral expectations set for all children to follow. For example, young persons with schizophrenia or other serious mental illnesses may have good days and bad days, varying with the course of their illness or disability. For such children, any IEP plan should address how the "bad days" will be handled differently from the good days. Often IEPs are written with the student's maximum potential behavior in mind. In other words, on some days, a student may respond to the classroom setting, instruction and behavior management system in a relatively consistent way.

When a child strays too far from what becomes the "normal expectation" for that student, he or she may be suspended from school for not meeting expectations. However, when the behaviors are caused by the course of an illness or disability, such practices may discriminate against the child and can be detrimental to his or her progress. When planning a program, a "contingency plan" — an alternative program for those days when the regular environment does not offer enough support or structure — should be considered and written into the IEP.

12. Does my child need "assistive technology" to complete homework and be successful in school? Assistive technology — any kind of device such as a computer — can be a goal on the IEP or it can be a related service to help your child benefit from the educational program.

13. Will my child need an extended school year (ESY) program? Extended school year is not the same as summer school, which is permissive (meaning that the school district may choose to provide or not to provide a summer school program for children in the district). Instead, extended school year is a special education service, provided to children through the IEP plan.

If the IEP team believes your child will lose many of his or her new social, behavioral or academic skills over the summer, and will relearn those skills at a slower rate than other students, the team may include an Extended School Year program as part of the IEP. They may also elect to provide ESY services if your child's rate of learning is significantly slower than that of other students, and requires continuous instruction for him or her to progress.

If you think your child will need an extended school year program, the IEP team should discuss this need at the time the IEP is written, and not wait until the regular school year is coming to a close.

14. What related services will be needed to help my child to achieve his or her educational goals? Related services are speech pathology and audiol-

ogy, psychological services, physical and occupational therapy, early identification and assessment of disabilities in children, counseling services, medical services for diagnostic or evaluation purposes, school health services, social work services in school, parent counseling and training, or other services the team determines to be appropriate.

Examples of related services

Not all students with EBD will need a related service such as psychological counseling or mental health services. However, many children who need related services to succeed in school do not receive the services they need. Common related services for a child with an emotional or behavioral disorder would include: psychological services; individual, group and family counseling; or parent training about how to support emotional or behavioral goals.

The psychological services that a school must provide are:

- administering psychological and educational tests, and other assessment procedures;
- interpreting assessment results;
- obtaining, integrating and interpreting information about child behavior and conditions relating to learning;
- consulting with other staff members in planning school programs to meet the special needs of children as indicated by psychological tests, interviews and behavioral evaluations; and

It is important to ask questions about the qualifications of persons providing mental health or counseling services to your child. Since licensing requirements may vary between states, and sometimes between agencies within states, you will want to be sure that the person working with your child has expertise in the developmental needs of children, and experience in working with the kinds of problems your child is having.

- Planning and maintaining a program of psychological services, including psychological counseling for children and parents.

Psychological services can be provided by a school psychologist, or by other qualified school personnel, such as counselors or social workers, on a daily, weekly or otherwise established schedule, depending on the needs of the student. The school may also provide such services through an "interagency agreement" with outside agencies who are working with schools to meet the multiple needs of children and youth.

If individual, group or family counseling is required by your child in order for him or her to benefit from a special education program, it should be included as a related service in the IEP. For those districts that have developed interagency collaboration agreements (where agencies work together to provide services), the plan may have a different name, such as Interagency Plan of Care, Coordinated Care plan, or other similar title.

In such plans, it is very important to understand which services are the responsibility of the school. Only the IEP services are guaranteed under the Individuals with Disabilities Education Act, so if any services are directly related to educational progress, they must be written into the IEP if schools are responsible for the service.

Counseling services mean services provided by qualified social workers, psychologists, guidance counselors or other qualified personnel. Counseling might be provided by appropriate school staff, or a district might contract with outside facilities such as a community mental health

center or a private consultant. Counseling could be provided as part of the student's normal school day, or could be arranged to take place before, during, or after school at a community-based facility. This would depend on your child's needs and the needs of your family.

Medical services under IDEA, as defined in the Code of Federal Regulations (Vol. 34, July 1988), mean services provided by a licensed physician to determine a child's medically related handicapping condition that results in a need for special education and related services. While school districts may refer your child to a medical doctor and pay for the examination, it is for the purpose of better understanding how they can meet his or her educational needs.

Schools are not considered responsible for providing medical services by a licensed physician for other than diagnostic purposes. Although psychotherapy is not specifically included on the list of related services in IDEA, it falls within the IDEA definitions of "counseling services" or "psychological services," which are included in the list of related services.

Some courts have held that psychotherapy, when provided by a psychiatrist, falls within the "medical exclusion" clause and cannot, therefore, be considered as a related service. Other courts have held that psychotherapy does not necessarily fit within the "medical exclusion" section as an ineligible service simply because it is provided by a psychiatrist. It is, rather, the nature and purpose of a service which must be considered, not simply whether the person providing the service happens to be a licensed physician.

If your child needs mental health services in order to benefit from his or her school placement, those services should be included in the IEP under Related Services.

Since psychotherapy does not fit the traditional concept of a "medical" service, it may arguably be considered exempt from consideration as a medical service in some instances. Because there have been conflicting decisions among the federal circuit courts regarding the provision of psychiatric services as related services, it is difficult to provide information to families that covers individual circumstances. Additional information may be found in the section on Residential Placement in this book. The responsibility of schools for providing psychiatric services is an area where parents may also want to consult with an attorney for guidance.

The failure to consider whether a child needs mental health or counseling services in order to benefit from an educational program is a problem of national significance. The topic of related services for children with EBD simply does not come up at many IEP meetings, possibly because of the cost of providing such services. If you believe that your child needs mental health services to benefit from the educational program, you must request that the need for such services be considered.

If your child is not making progress, it is likely that an assessment indicates therapy services. Your child's therapist or counselor should have evaluation supporting the need, which can be shared with the school staff.

Of course, not all mental health services required by a child with an emotional or behavioral disorder are the responsibility of the school district. Children who are unable to function successfully at home or in the community have problems that are clearly more than just educational needs. In fact, most mental health services to

children and families are private services, paid for by private insurance, a county agency or the family.

It is only in the instance where mental health needs are established as the reason a child is not successful in his or her school program that the school assumes responsibility for providing those services.

Transportation services

Transportation for children with emotional or behavioral disorders can have a significant effect on the child's entire school day. If the bus ride is chaotic or stressful, children may arrive at school angry or anxious, which affects their ability to have a successful school experience.

For children who have a difficult time controlling their impulsive behaviors, have problems with anxiety or fears, may be teased by others, or are easily provoked to anger, busing presents a special set of challenges. You and other members of the IEP planning team should discuss whether transportation should be included on your child's IEP as a related service.

If your child is unable to attend school because he or she has been suspended from the school bus for misbehaviors that result from the disability, then suspensions from the bus may have the effect of being suspensions from school. This means that if your child is unable to attend school because there is no transportation, the district has in effect suspended him or her from school.

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Under federal law, suspension for more than 10 days from school constitutes a "significant change in placement" triggering the procedural safeguards of IDEA.



Checklist: Transportation

Questions you may want to consider during the development of an IEP or in trying to resolve transportation problems are:

1. **Will special transportation be necessary?** Why or why not? Even though your child may be physically able to climb aboard a regular bus for the ride to school, if the noise or disruption of the ride leads to negative behaviors, he or she may need special transportation. This is true whether your child is receiving special education services under IDEA or accommodations under Section 504.
2. **How long is the bus ride?** If your child rides a special bus, how does the ride length compare with the time for children who do not have a disability? Is the length of time reasonable, given your child's needs?
3. **How will discipline be handled on the bus?** Is the plan appropriate? Sometimes the only conditions under which a child may safely ride the regular bus are if he or she has an assigned seat, or if another adult is present.
4. **Who will transport to and from school if my child is suspended from the bus?** If your child's bus suspension results in a school absence, the

If your child is often unable to ride the regular school bus because of his behavior, special transportation should be provided, and listed on the IEP as a related service.

In Minnesota, a student's home school district is responsible for transportation to "care and treatment" programs, including day treatment or chemical dependency programs. If the care and treatment program is located in another district, and the child continues to live at home while receiving such services, the district of residence (home district) is responsible for providing transportation to and from the care and treatment facility.

effect is to deny access to his or her special education program, which must be treated as a suspension from school. While many parents choose to drive their child or adolescent to school during bus suspensions, others are unable to do so because of conflicting work, transportation or family schedules. Other forms of transportation need to be provided if the child is suspended from the bus. These include city buses, taxi service or parents who have agreed to transport their child and receive reimbursement.

- 5. Who is the primary contact person if bus problems arise?** The school district has ultimate responsibility for transporting your child to and from school. If you have talked with your transportation department and are not satisfied with your discussions, you may take your transportation concern to your special education director or superintendent for resolution.

Since many states and communities now have inter-agency agreements to serve children with EBD, it is important to establish, in writing, who is responsible for transportation. New models of interagency collaboration for children with mental health needs have blurred the lines of responsibility for transportation, especially since agencies tend to have separate policies regarding transportation services.

If education is among the agencies collaboratively agreeing to a placement to meet the child's educational needs, then the school district is generally responsible for transportation, unless another agency has assumed

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responsibility for the service. This needs to be understood in advance, so that suspensions from transportation do not affect placement in day treatment or other therapeutic programs where the school has placed the child or is one of the placing agencies. Many of these programs require consistent attendance in order to maintain the placement, and personnel will demit a student who does not attend regularly.

Because transportation rules vary from state to state as well as between agencies, it is advisable to contact your state's Parent Training and Information (PTI) center for additional information. A listing of PTI centers is in the appendix of this book.

School Rules and Policies

Louis Brandeis, the late U.S. Supreme Court Justice, once wrote: "Few laws are of universal application. It is often the nature of our law that it has not dealt with man in general, but with him in relationships."

What Justice Brandeis recognized was that, in the "real world," any two persons who commit the same offense may receive consequences that are individualized. The disciplinary consequence would depend on the needs of each person, the level of understanding of the offense, the desired result from the intervention, and how likely the intervention plan or program would be to achieve the desired results.

Yet, schools frequently have one disciplinary standard for all students, regardless of circumstances surrounding the occurrence of a behavior, or of the child's limitations. The relationship between parents and schools can become especially difficult when the subject of discipline relates to the needs of children with emotional or behavioral disorders.

Parents must be sure that the IEP team discusses all district and school policies related to discipline, and that the team writes any modification of existing discipline standards or consequences into the IEP.

When a child's behaviors are such that he or she is unable to adhere to the discipline standards established for all students in the school, the IEP or Section 504 team should be alert to the need to develop an individualized behavior management plan. The emphasis should be on developing appropriate interventions that support the child's behavioral development, and ensure that the consequences for unacceptable behavior are designed to teach the child alternatives to that behavior.

In general, children with disabilities are expected to follow the same discipline procedures as any other child, unless otherwise indicated in the IEP or Section 504 plan. In developing the IEP or 504 plan, if you believe your child needs a discipline plan that differs from the general school rules, the issue must be discussed at the planning meeting. The school district should provide you with a handbook or listing of any written school policies, so that you and your child are clear about the school's behavior, attendance and grading policies. Assessment data must support that the rules need to be modified. Specific questions you may want to consider include:

- 1. Do school rules and/or policies need to be modified because of my child's emotional or behavioral disorder?** For instance, many schools

Discipline plan can provide reasonable consequences

A discipline plan should be written if the IEP team agrees that your child cannot adhere to the regular school rules without modification.

A discipline plan can articulate a process to follow when a student has violated the regular discipline policies. Or, it may amend for one child the existing school policies, or may state the steps that will

be followed if a specific misbehavior occurs.

A discipline plan, based on your child's needs, provides reasonable consequences for inappropriate behavior. It is an important addition to the IEP for students with mental illnesses or emotional disorders who find it impossible to meet standard school discipline expectations.

have a rule requiring the denial of credits to students who exceed maximum absences. While the regular attendance rules may work well for some children, for a student with severe anxiety or depression the inability to attend school may at times be part of the disability.

Another typical school rule requires the attainment of a specific grade point average for a student to participate in intramural or varsity sports. If the team agrees that the student is likely to be unable to meet the requirement due to his or her disability, the rule is not necessarily appropriate to the needs of that student, and may need to be modified.

2. **For rules that are appropriate, are the consequences for non-compliance acceptable?** If your child does exceed the maximum allowable absences due to his or her disability, is the denial of credits a reasonable consequence? Will your child develop better attendance as a result of failing to receive credit in school subjects?

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Most parents want their child to follow the regular school rules. The question of how to amend discipline policies relates more to the consequences for noncompliance than to the expectations for compliance. In other words, most parents want their children to obey school rules, but find that when they do not, the punishment imposed as a consequence is not helpful in teaching the desired behavior.

Children with EBD are frequently the recipients of time-outs, suspensions and other forms of punishment for impulsive, disorganized or argumentative behaviors that they may be working on as part of their IEP or Section 504 plan. A youth who is unable to manage his anger in an appropriate manner will likely learn little about anger management from being suspended from school for displaying verbal or physical aggression. Suspension may not be an effective consequence for this student, and may even be perceived by him as a preferable option to school.

It is important that students understand they may lose privileges or have other restrictions placed upon their behavior for the things they do. Whether suspension or other forms of punishment are seen as reasonable consequences for specific behaviors should be discussed in advance by the IEP or Section 504 team, and written into the student's plan. Agreed-upon consequences for the occurrence of specific behaviors can help parents and schools to implement interventions without the word games or blaming of others that can occur with some children.

If your child has a mental health diagnosis, you may want to ask questions of the psychiatrist or psychologist who made the diagnosis about what behaviors to expect. You may use this information to help the school staff to better understand your child's needs. Punishing the occurrence of behaviors that are an anticipated part of a mental illness or emotional disorder is not unlike punishment of a child with learning disabilities for being unable to read. It also may constitute discrimination, a violation of Section 504 of the Rehabilitation Act.

Behavior management plans

While a discipline plan lists acceptable school discipline practices, behavior management, with its system of both rewards and consequences, is an individualized approach to helping students to understand and manage their own behaviors. Behavior management has as a foundation the expectation that children can understand the need to change their behaviors, and is based on teaching new behavioral skills.

A behavior management plan should be based on the needs and abilities of a particular child, and must take into consideration the impact of having an emotional or behavioral disability on the child's learning. It is not practical to develop behavior management plans that are the same for all children, due to the highly individualized nature of behaviors. A discipline plan, which states the reasonable consequence for misbehaviors, may be one part of a behavior management plan.

The use of behavior modification techniques can be therapeutic to a child when behavior modification is a formal process with well defined behaviors and consequences that are based on behavioral data. However, behavior modification programs often take on a coercive or punishing nature for the student for who it is presumed will not conform (assuming the child deliberately is choosing misbehavior), and can become a contest of wills in the hands of an inexperienced person.

A specific behavior modification program should always be written by someone who is knowledgeable about the needs of the child, with written goals and objectives designed for that specific child. Behavior modification techniques may be part of a total behavior management program designed to teach new skills.

Classroom management

It is not simply district or school-wide policies that at times may require modification, but sometimes individual classroom rules as well. Classroom management techniques are a more generalized approach to managing behaviors than behavior management, which focuses on the needs of an individual child. A teacher may not choose to use a specific classroom discipline plan that is in opposition to school policy, or which discriminates against a child, based on his or her disability. Any classroom management plan, because of its generalized nature, should be evaluated by the IEP team for its appropriateness for an individual student.

Many teachers, in an effort to maintain order and discipline within their classrooms, have implemented packaged behavior management systems. An example of a widely used model of classroom management is a system called Assertive Discipline.

Assertive Discipline guidelines call for a system of increasingly restrictive consequences for misbehavior. For example, a student who breaks a classroom rule may have his name placed on the chalk board. Additional offenses may result in a series of check marks on the board. A progressive list of consequences may include detention or time out, and end in a trip to the principal's office, or in suspension from a classroom or school.

While reinforcing positive behavior is the primary stated focus of Assertive Discipline, some students may be excluded from the regular classroom environment under these guidelines because they are unable to follow the rigidly imposed rules. In such instances, the IEP planning team should carefully consider the use of systems such as Assertive Discipline and, if needed, write an individualized discipline plan for the child. A more desirable solution is for teachers to use a flexible approach to student discipline that accommodates the differing needs of students.

Schools that do not use a specialized discipline program such as Assertive Discipline will still have rules that all children are expected to obey. If a child with an emotional or behavioral disorder is repeatedly punished for an inability to comply with existing rules, parents will want to meet with the school to write an individualized discipline plan.

Common discipline practices

Schoolwide behavior management policies help building administrators to enforce district policies, and to provide higher-level intervention when classroom teachers need additional behavioral support. The policies should be in writing, be clearly communicated to all students, including those with disabilities, and have clear, consistent and reasonable consequences. They should also contain a process for reviewing the need for exceptions to the policies.

An important consideration for schools is the development of policies that recognize all children for positive behaviors. School administrations would be wise to encourage all teachers to catch children in the act of good behavior, and to give at least as much attention to positive behaviors as has historically been given to negative behaviors.

When the consequences for noncompliance with discipline policies are clear, reasonable and focused on correcting inappropriate behaviors, they may be imposed without angry reactions to behavioral offenses. Common disciplinary actions at school that are used with all children, and which are generally acceptable, include:

1. **Referral to the principal's office.** Referring a child to the principal's office for classroom or school behavior problems is a very common practice, both for students who have disabilities and those who do not. As long as the child is able to continue receiving his or her educational program, this form of discipline is acceptable.

However, if your child is referred frequently and spends long periods of time sitting in the principal's office without instruction, the practice may not be acceptable. Further, the disciplinary consequence of being sent to the office can be offset, for some children, by the opportunity to find entertainment in normal office activities, such as watching the principal meet with other students and parents, or deal with emergency situations. In such instances, a trip to the office can be seen as a positive consequence, and not the negative consequence it was intended to be.

Children with disabilities are entitled to services that meet their specific needs. If repeated trips to the principal's office have the effect of depriving the youngster of his or her school program, or if being sent to the office is seen as preferable for some children to remaining in their regularly scheduled classes, they are not acceptable interventions.

When overused, frequent trips to the principal's office could constitute a change of placement. Any change of placement requires an IEP meeting where such changes are discussed, and where parents are given the opportunity to disagree with the proposal.

2. **In-school suspension.** In-school suspension (ISS) is considered acceptable practice for most students, especially at the secondary level. If not overused, ISS can be an effective form of discipline, since it restricts activities (lunch, access to peers), which are seen as reinforcing for most students, while requiring academic work completion. It is accept-

able if the nature and quality of the educational services provided during in-school suspension are comparable to the child's normal school program, and if special education and related services are provided during frequent or extended periods of ISS.

If in-school suspension removes the child from the opportunity to receive his or her regularly scheduled special education services, or if the ISS room is not staffed by a certified teacher who can carry out the child's educational program, then in-school suspension may not be an acceptable disciplinary technique. Because in-school suspension models vary widely, your child's IEP team should consider the model in use by your school, in deciding whether its use with your child is appropriate.

3. **Time-out.** Time-out, where a child is temporarily removed from his or her educational environment for a brief period of time, is a commonly used intervention with all children and is regarded as an acceptable management strategy for classroom teachers. Time-out should take place in an un-

Child's fear in time-out spaces may signal problems

For some children, the use of a time-out room is a therapeutic intervention, approved by their parents and the professionals who know them well. For others, time-out in a seclusion room is a fearful experience.

If you disagree with the use of time-out in

an isolation or seclusion room, you may request, in writing, that the school arrange a psychiatric evaluation to ensure that your child is not at risk of harm from this use of time-out. In a number of states, the use of locked time-out spaces in schools is illegal.

locked space for short periods of time, and children may not be left unsupervised or unattended.

When time-out placement exceeds more than a few minutes at a time, the IEP planning team should consider whether its use meets the instructional needs of the child. If your child's referrals to time-out increase over time, or if the length of each time-out increases, the intervention is not working and should be reconsidered.

The consideration of time-out in a seclusion room (when a child is placed in a room by himself, and has no opportunity to speak with an adult) is one that should always be discussed at the IEP or Section 504 team meeting, and any decisions about its use should be recorded on the student's plan. It is especially important to clarify the use of seclusion time-out when your child is referred into a program where it is an accepted part of the program for all students.

When the time-out space is locked from the outside, a physician, psychologist or other expert should participate in making the decision about whether it is an appropriate intervention. The use of locked time-out in a confined area is really an intervention of last resort for most children. Remember, discipline strategies or consequences should not be bound by the policies of a placement site, but by the needs of your child.

Most parents want their child or adolescent to follow the rules established for all students. It can be difficult to

decide which rules a youngster can or cannot follow, or what the consequences for not following the rules should be. An important point to consider when making this determination is whether the behaviors that have resulted in repeated time-outs, suspensions or other negative consequences have decreased as expected, as a result of the use of these interventions.

Suspensions

According to a 1990 ruling by the U.S. Office of Special Education and Rehabilitative Services (OSERS), schools that receive federal funds may not expel from services or indefinitely suspend students with disabilities. However, repeated short term suspensions remain one of the most widely used punishments for youngsters who have emotional or behavioral disorders. Most suspensions are for non-dangerous offenses such as violating school

Minnesota Pupil Fair Dismissal Act

The Minnesota Pupil Fair Dismissal Act permits suspensions for up to five school days at a time for an incident of misconduct or course of conduct.

Suspensions cannot be extended for the same incident, but a student may be re-suspended if it is determined that he or she continues to exhibit behaviors that are dangerous to himself or others.

In no instance may suspension exceed 10 days for a student with a disability.

An IEP team meeting must be held within five days of any suspension to consider whether the misconduct is related to the child's disability, and to evaluate whether the IEP needs to be changed.

Students who at the end of five days are not found by the IEP team to continue to present a threat must be readmitted to their school program, unless parents and schools agree to an alternative placement.

Any proposed change of placement in a child's IEP must be presented to parents, who have the right to disagree in writing with the proposal. School staff cannot change the placement of a child over the written objection of the parents without prevailing at a due process hearing.

rules, and, frequently, there is no documentation that less restrictive measures have been tried as an alternative to suspension.

Under federal law, no suspension from school for a student with a disability can exceed 10 school days. Removal from school for more than 10 school days constitutes a "significant change of placement" under both federal and state laws, and requires that a new IEP be developed reflecting the proposed change.

Parents and school staff should thoroughly discuss the issue of suspension at their child's IEP meeting, including its educational relevance for specific offenses. A student should not be suspended for non-dangerous behaviors that are directly related to his or her emotional or behavior disorder, unless the IEP team, including the parents, agree that such suspensions are instructive to the child.

Any behaviors that parents and school agree will result in out-of-school suspension (OSS) should be listed on the IEP. Schools will sometimes have a general statement such as, "Failure to follow school rules may result in suspension," or, "the student will follow all school rules." The vagueness of such statements is unacceptable for a child with an emotional disorder. Instead, it should be clarified that it is the occurrence of a specific behavior that will result in serious disciplinary consequences such as suspension.

A child or adolescent should not be repeatedly suspended for the same behaviors, and should not be suspended for behaviors that are clearly beyond his or her control,

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unless such behaviors create an immediate and substantial danger to others, self or school property. Slamming a locker door would not meet the test of substantial danger.

In-school suspension, where a student is removed from his or her classroom program and given school assignments to complete in a designated setting may be used as an alternative to out-of-school suspension. This arrangement needs to be viewed with caution if it occurs frequently. Whether in-school suspension is appropriate for an individual student really is a question of educational judgment.

If a student with an emotional disorder is placed on in-school suspension using the disciplinary procedures applicable to all students, that action may constitute discrimination on the basis of a disability. The team must consider the individual needs of the student before such placements are initiated, especially if the student has a history of being placed on in-school suspension status. If a student on ISS does not receive her regularly scheduled educational program, then in-school suspension should be counted with out-of-school suspension in determining the total days the child has been suspended.

Checklist: Suspension



If your child or adolescent receives a suspension from school, you should request that an IEP meeting be held to discuss the suspension facts, including the behaviors that led to the suspension. The IEP team must make a determination of whether the misconduct that resulted in suspension from school results from your child's

disability, and, if so, whether suspension is an appropriate disciplinary technique for that misbehavior.

Parents with concerns about suspension may want to consider the following questions when developing their child's Individual Education Program (IEP):

Every intervention used by parents and schools either teaches something new or reinforces what has already been learned. What a student is learning from being frequently suspended is an important concern for the IEP team.

Suspensions and any other behavioral "consequences" should be considered from the child's perspective so that parents and school staff can reach agreement about what the child is actually learning from the experience.

- 1. What is the purpose of suspension for my child?** Will it teach more appropriate behaviors, or will it simply teach that by performing unacceptable behaviors the child can avoid being in school? There may be times that suspension provides a cooling-off period for the student, by removing him or her from a stressful situation that could lead to even more severe consequences. Because suspension from school often means that one parent has to miss work to remain at home with the child, it may be an intervention with more punitive consequences to the parent than to the child.
- 2. What alternatives to out-of-school suspension should be considered?** Will in-school suspension deny your child access to his or her instructional program, including any related services? The frequent use of either in-school or out-of-school suspensions should signal both parents and schools that the school program is not meeting the student's educational needs.
- 3. What are my state's rules concerning how often suspensions can occur, or for what length of time?** Long-term suspensions in excess of 10 days represent a "significant change in placement" under federal and state law. This requires that an IEP

If your child is expelled from his or her school setting, the district must still provide the special education and related services that are listed on the IEP. While the school may propose an alternative IEP during the period of expulsion, parents may reject any program that does not meet the instructional needs of their child, and cannot be compelled to accept reduced IEP services.

meeting must be held to change the child's placement and to write a new IEP. Families who would like state-specific information regarding suspension policies can contact their Parent Training and Information Center for this information. A listing is in the appendix.

Parents who object in writing to a proposed change of placement may use one of the avenues of the appeal process (conciliation, mediation, due process hearing) to contest the proposal. Your child's placement cannot change without your consent as long as you are in the process of resolving differences. This "stay-put" provision insures that children are not unnecessarily moved from their educational placements. (See the discussion on the Gun-Free Schools Act of 1994 on page 82 for a modification to the stay put provision for a child or adolescent who brings a firearm to school.)

- 4. What are the readmission procedures following a suspension?** Parents should make every effort to attend readmission meetings for their child, as important changes in the school program may be discussed. However, if you are not able to attend the readmission hearing, the school may not prevent your child from returning to school when the suspension time is up. If you do want to attend the readmission but the scheduled time is not convenient, you may want to try to arrange participation by telephone.
- 5. Will suspensions for my child be based on normal school policy?** In what instances will

suspension be used? An IEP meeting should be requested by parents following each suspension. It is important to discuss exactly what the child was expected to learn from suspension, and to evaluate whether that learning is taking place. If suspension is ineffective in changing problem behaviors, other interventions should be considered.

Expulsion

Expulsion means that a student is prohibited from attending his or her school, usually for a period of time not extending beyond the school year. Recent changes in federal law have had an effect on the expulsion of any student who brings a gun to school.

If the school district is considering expulsion for your child, the IEP team must first convene to determine whether the specific incidence of behavior is a manifestation of his or her disability. If so, then the child may not be expelled from services, except as described in the Gun-Free Schools Act of 1994 (see Gun-Free Schools Act on page 82).

If the team decides that your child's behavior is unrelated to his or her disability, you may challenge that decision in writing by disagreeing with the finding and requesting a due process hearing. Your child will remain in the current school program during the resolution of your disagreement, unless he or she has brought a gun to school. See the section on Resolving Differences, for more information on Due Process Hearings.

U.S. Gun-Free Schools Act

The Gun-Free Schools Act amended the Individuals with Disabilities Education Act (IDEA). The Gun-Free Schools Act is part of Public Law 103-382, the Improving America's Schools Act (IASA), which was signed into law on October 20, 1994.

If a student brings a firearm to school, the Act requires that the student be expelled for a minimum of one calendar year. To receive their federal funding, local education agencies must have a policy in effect agreeing to follow the requirements of the Gun-Free Schools Act. The law also requires that students who bring weapons to school must be reported to the police by the school district. Districts must include, as part of their policy, an exception that permits the superintendent to modify the expulsion on a case-by-case basis or to recommend an alternative educational program. This flexibility is needed to comply with the requirements of IDEA and Section 504 for students who have disabilities. The exception was included to acknowledge the need for the IEP team to convene and discuss whether the behaviors were a manifestation of the child's disability. If so, the team will develop an alternative to expulsion.

The Gun-Free Schools Act modifies the "stay put" provision of the IDEA for possession of a firearm. The "stay put" provision maintains children with disabilities in their current school programs when any dispute resolution process, such as conciliation conferences or a due process hearing, is pending. This provision is altered under the new law if a student with a disability brings a firearm to school.

If parents and the school disagree about where to place a youngster who has brought a firearm to school, the child may be placed in an "interim alternative educational setting" in accordance with state law, for up to 45 days. If parents request a due process hearing during this time, the student will remain in the interim setting until the hearing ends, unless the parent and school agree otherwise. The "interim alternative educational setting" is to be decided by the child's IEP team, but placement cannot be delayed because of parental disagreement.

A limitation imposed by the Improving America's Schools Act (IASA) on the Individuals with Disabilities Education Act reads: "nothing in the IDEA shall supersede the provisions of the Gun-Free Schools Act if the child's behavior is unrelated to such child's disability." If bringing a gun to school was unrelated to the child's disability, the school district may proceed with expulsion, as long as educational services to the student continue during the period of expulsion. This may be achieved in an alternative setting in another school, or in a community or other setting.

A conflict between the U.S. Gun-Free Schools Act, which requires a one-year suspension (zero tolerance), and the IDEA, which protects the rights of children with disabilities to appropriate education (zero reject) remains unresolved. It is likely that further action by Congress or through the courts will be needed to reconcile differences in the two federal laws.

If you and the school IEP team agree that your child's behavior is unrelated to his or her disability, then the school may expel as with any other student, by undertaking an expulsion hearing. An expulsion hearing is a formal process, and the student and his parents may be represented by an attorney, present testimony, and call witnesses, just as in a trial. If the student is expelled, the district must continue to implement the child's Individualized Education Program during the period of expulsion.

Expulsion from school, or the ejection of a child from the primary social and learning environment common to all children, represents the most restrictive of all possible alternatives. One of the questions that every parent whose child is recommended for expulsion from school should ask is whether less restrictive options have been first tried, or considered and rejected. If so, the reasons that less restrictive environments were rejected should be justified.

Services to children and youth who have been expelled from school may be implemented in a homebound setting, a community based setting, or another, possibly

Stress for children is often greater at school

As a parent, you may sometimes believe that if your child has problems at school but not at home, the school must be "doing something wrong."

Children are often under greater stress at school than at home, and may respond differently than parents would expect. However, any severe behavior problems

that arise at school but are never a problem at home need to be discussed with the IEP team.

You can be a tremendous resource to schools in identifying techniques that school staff might try with your youngster. You also have a history with your child, and know what has not worked.

more restrictive, school program. You have the right to disagree in writing with any proposed changes to the IEP, including any reduction of services that may be recommended during the period of expulsion.

Considering the need for a more restrictive placement

There has been a tendency in many districts to segregate students with emotional or behavioral disorders from regular classroom environments to provide instruction. There may be times that a child's behavior or emotional state is such that a very structured setting is the only place where he or she can function appropriately. Such restrictive placements are appropriate only when the child's needs require the setting.

The intent of the laws governing the right to an appropriate education for children with disabilities is that services must be provided in the Least Restrictive Environment (LRE). This means that schools must first consider the regular classroom as the child's preferred placement.

Only if the child cannot be served in the regular school environment should the team consider a more restrictive setting.

For some children, LRE means placement in the regular education program. Placement in regular education classes may require a behavior management plan, modifications to the curriculum, assistance by a special education teacher, or other service.

For other children, LRE may mean that a child leaves the regular environment to receive specialized instruction for all or a portion of the school day. This may include meetings with a social worker or psychologist, or small group instruction in social skills, academics or vocational skills.

For still others, placement in a specialized environment with a focus on changing behaviors or providing therapeutic services may be the "least restrictive environment" in which a child can experience success.

Parents who have questions about, or who disagree with, the school's proposal to move their child to a more restrictive setting or program should have a meeting to discuss the reasons for the proposed move. Any proposal by the school to place a student in a more restrictive program must have data that support the change. It is important to know what interventions the school has used in trying to maintain the student in a regular setting, and to know what worked or did not work.

Sometimes you may agree that your child needs more special education services or a more restrictive setting, but are not sure that what the school is recommending is appropriate. Before agreeing to any proposed program, you should arrange to visit the setting, preferably while school is in session. You may talk with the teacher about the program being recommended to learn about the components of the program.



Checklist: Change of placement

The following questions may help to clarify the kinds of behavior problems your child is experiencing, and to determine whether the behaviors indicate the need for a change of placement:

1. **What specifically are my child's problem behaviors?** Vague descriptions such as "acting up" or "disrespectful" are not useful statements in identifying problem behaviors. Different teachers have different tolerances for the same behaviors; what constitutes disrespect in one classroom, for instance, may be behavior that is ignored in another.
2. **Has the school collected data on my child's behaviors?** How does your child's behavior compare to others in the classroom? How are the behaviors affected by different environments? In what environment do the major problems occur? If a child is having problems only in one classroom, what factors in that classroom appear to influence behavior (curriculum, number of students, teaching style, etc.)?
3. **What interventions have been tried to correct the behavior (modeling, rewards or incentives, time-outs, modified curriculum, etc.)?** What worked? What did not? What else could be tried in the current placement? Ask the school for the data that supports what interventions were used, and the results.

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4. **Can my child have a trial period in the proposed program for several weeks or a month to see whether the increased structure is helpful?**

Children should not stay in programs that do not meet their needs. One of the ways to try out a new program, if it is permitted by the rules of your state, is to write an interim IEP for a trial period of several weeks or months. If this is an option for you, be sure that the IEP is written to reflect the limited time you have agreed to in the trial placement.

5. **How often will the team sit down to review the effectiveness of the proposed placement?** Will you be invited to each review? A program may be evaluated whenever parents or school staff believe it is necessary; every six or twelve weeks is an average length of time for assessing the effectiveness of a new program.

6. **How long does the average student in the proposed program stay in that setting?** Do most students transfer back to a regular school? Will your child need a transition plan to re-enter the home school? What outcome data does the proposed program have that shows its success with students?

7. **Do the new program policies need modification for my child?** For example, a rule stating that a student may be physically "patted down" or searched for suspected drug use may not create a problem for some students. For a child who has been sexually or physically abused, the same search could be devastating. Parents who are considering a

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transfer for their child to a new setting should obtain a copy of the program policies and discuss with program staff any rules that their child will be unable to meet. Any modifications of the normal school discipline policy should be written into the IEP or in a discipline plan attached to the IEP.

8. **Is the academic program appropriate?** Comprehensive? Does the program serve children with similar skills as your child? If not, how will he or she be provided a successful academic experience?
9. **Are there special skills that my child has developed in school, such as sports or band, that are not available in the new setting?** How will those skills be maintained or expanded? (Remember, it is the opportunity to enhance strengths that often creates in children a sense of success...no one likes to spend full time working on what they cannot do well.)
10. **Is the new program on the same quarter or trimester schedule as the home school?** What will that mean for the transfer of credits to the regular school? Who specifically will be responsible for assuring that a record of earned credits will be transferred to the next setting?
11. **What are the vocational opportunities for my high-school student?** What kinds of vocational assessment and training are provided as part of the program? Is there an opportunity to participate in a work experience program? If there are no existing vocational services in the proposed program (and if

your child needs such services), how will vocational training needs be met? Sometimes, facilities may contract with outside agencies to provide services for an individual student or group of students with similar needs.

- 12. What are the criteria for leaving the program once my child enrolls?** Some children are unable to "earn" their way out of a segregated or very restrictive special education program, even when they and their parents believe they can be successful in a less restrictive setting. Some children simply are not able to meet the restrictiveness of the expectations. That criteria alone is not sufficient to show that they cannot be successful in a more typical environment.

It is important that the IEP team discusses whether an individual child has a reasonable opportunity to be successful in a regular school placement. The IEP team decision, not criteria such as arriving at and maintaining a specific "level" or collecting the right number of "points," will determine whether a student is ready to return to a less restrictive school program.

Day Treatment

Day treatment programs for children with serious emotional disorders (sometimes called partial hospitalization programs when day treatment is provided in a hospital setting) provide an integrated set of educational and mental health services.

Day treatment programs include academic instruction as well as individual and group counseling, medication management, family support and other mental health services. Programs for older youth may also provide a vocational training or work experience component, or may coordinate the provision of such services with other agencies.

When multiple agencies, including schools, jointly make placement decisions regarding an educational program placement for an individual child, the school assumes legal responsibility as the lead placing agency. This means that any disagreements about the program rules or educational services may be resolved using due process procedures of the Individuals with Disabilities Education Act (IDEA), including the student's rights to "stay put" in the placement during dispute resolution.

Traditionally, day treatment programs for children and adolescents have been provided in community mental health or hospital settings. More recently, programs have focused on bringing the needed mental health services into school environments. This not only facilitates re-entry into regular school programs, but provides more opportunity for normal educational activities for children capable of participating. The focus in such programs includes a balance between the recovery of mental health and continuing educational progress.

Placement into day treatment programs by a child's psychiatrist, counselor, mental health entity or other agency for treatment of a mental health problem is not, in general, considered an educational placement. In such instances, schools will provide necessary educational services, but are not responsible for the mental health services offered in the program — unless they are educationally related. However, if the school places your child in day treatment because he or she is not making educational progress, the day treatment program then becomes the child's educational program.

Stay-Put, as described earlier, requires that a student remain in his current educational program if there is a disagreement between the parents and the school about the program, unless parents agree to an alternative placement. School responsibility for mental health counseling as a related service is not dependent on the location of the program (school or mental health center), but on whether the program is required for the student to make educational progress.

Residential Placement

When a district has the full array of services in place, your child will receive services in the least restrictive (more normalized) setting in which he or she can be successful. When your child cannot function in any of the school's settings, or when those programs cannot be adequately modified to meet your child's needs, the IEP team may consider services in a more restrictive program.

Day treatment or residential settings are examples of educational programs where mental health and educational services often have equal importance in a child's day.

In those situations where school district personnel are making the placement for educational reasons, they are responsible for ensuring that education, board and lodging, and transportation are at no cost to the parent. If such placement by non-school personnel is for mental health reasons, the school district's responsibility is for the educational services and not for the costs of room and board or medical treatment.

There are clearly several strong and possibly conflicting forces in operation when determining the responsibility for mental health services. Parents, understandably, can argue that if their child needs psychotherapy or another type of intensive therapy in order to learn, then that therapy should qualify as a related service that the school must provide. Or, if the student needs placement in a residential facility in order to progress educationally, then the costs of placement should be the school's responsibility.

Schools may suggest that psychotherapy or other types of intensive therapies are not educational but rather are medical treatments. Therefore, they may believe that they should not be required to deliver those services.

When non-medical therapy services are required in order for a child to benefit from his or her educational program, the school district is clearly responsible for the provision of those services. There is more confusion when the therapy services are provided because the child is in need of mental health services where it has not been clarified that the services are educationally related, or where a child has been placed in a residential program.

What the courts say

The courts have addressed the issue of what constitutes an educational placement compared to a medical placement with somewhat mixed results.

In *Taylor vs. Honig* (1989), a three-judge panel of the Ninth Circuit Court of Appeals ruled that a California school district had to pay for an out-of-state residential placement for a student. In one judge's words, the student's "social, emotional, medical and educational needs are not severable but are intertwined."

The school district had argued that because the Texas facility where the youngster was placed provided medical services, the cost was not an educational responsibility. The appeals court held that because the facility operated as a school as well as a psychiatric hospital, the placement could be considered an educational one.

The Ninth Circuit also upheld the district court's order to examine the possibility of splitting educational and medical costs among state agencies.

A second case, also heard by the Ninth Circuit Court of Appeals, ruled that schools are not responsible for funding if the treatment of children with mental illness is focused on alleviating a psychological problem.

In *Clovis Unified School District vs. California Office of Administrative Hearings* (1990), the court gave its own criteria for determining whether the child's placement was a residential placement or a medical service. The court held that the ultimate purpose of treatment would

be the deciding factor in making the determination. If the placement and treatment was for a fundamentally educational problem, it would be covered under PL 94-142 (now called IDEA), as a residential educational placement and related services.

If, however, the placement and treatment were for a fundamentally medical (including psychological) problem, it would be considered a medical service.

Because the program chosen by the parents in this case offered six hours of psychotherapy, but no educational services (as distinct from the Taylor vs. Honig case mentioned earlier), it was clearly a medical placement. Thus, the placement was not a related service under IDEA.

The Clovis court provided helpful reasoning for making the distinction between educational services and medical services. As stated in the decision:

"...a student who must be maintained on kidney dialysis certainly cannot physically benefit from education to the extent that such services are necessary to keep him alive. But again, it is not the responsibility of the school district to provide such maintenance care. All medical services are arguably supportive of a handicapped child's education; therefore mere supportiveness is too broad a criteria to be the test for whether a specific service is necessary under the Act to assist a child to benefit from special education."

"...the analysis must focus on whether placement may be considered necessary for educational pur-

poses, or whether the placement is a response to medical, social or emotional problems that is necessarily quite apart from the learning process."

A third case, *Manchester School District v Charles M.F. and Ellen P.* (D.NH, 1994), addressed the extent of services that may be required when a school fails to provide a free and appropriate public education to a child with an emotional disorder. The student was diagnosed as having Oppositional Defiant Disorder and Conduct Disorder, as well as ADHD. After a series of incidents where he became uncontrollable at school, the boy was offered a diagnostic placement for 3 1/2 hours of home tutoring per day, while the IEP team and his parents debated a summer program.

The parents objected, requested a due process hearing, and removed their son from school. They enrolled him in an out-of-state school that offered a residential program and had a psychiatric inpatient unit. He was not enrolled in any academic classes during the summer months, because he arrived at the facility too late to enroll in the on-campus school.

The district court found that the "diagnostic assessment" program offered by the school district to the student was not appropriate to the student's needs, and agreed with the parents that the evidence supported the need for a residential summer program.

The district argued that even if he did need a residential program, the Brattleboro Retreat program into which he was placed was for the provision of psychiatric and psychological care, not education. Secondly, it argued

that psychiatric treatment is medical treatment, and that "school districts are immune from medical costs for other than diagnostic or evaluative purposes." The district's third contention was that because the student did not attend classes, the summer placement at Brattleboro could not be considered as placement for education and related services.

The court declined to accept the school district's arguments. The determining factor in deciding whether the school district must pay for the costs of the student's stay was the principal purpose for his admission, which was the need for a summer program. The Hearing Officer found that the student was eligible for attendance at the Meadows School, the on-campus school of the Brattleboro program, but had arrived too late in the summer to enroll in the school.

Although the student did not attend classes during the summer, Brattleboro worked to improve the social and behavioral skills necessary to make progress when he returned to school in the fall. The efforts of the Retreat were successful, and the student's behavior began to improve in the fall placement at Meadows School.

In addition to the therapy provided by the Brattleboro Retreat, the Meadows School had conducted a summer evaluation so that they could plan a program of services for the fall placement. Therefore, the Hearing Officer found that the residential placement at Brattleboro Retreat was an appropriate placement, providing diagnostic, evaluative and educational services, and the school district was ordered to pay for the summer residential program.

As a practical matter, you should remember that your school district is responsible for educating your child or adolescent. When your child has not made progress in his or her educational program, the school's obligation is to explore alternatives — including additional services, day treatment programs or residential treatment — and to provide such programs at no cost to your family.

Checklist: Educational services in residential placement



Not all youngsters who are receiving mental health services in a residential setting need special education or related services. All, however, are entitled to an appropriate educational program.

Attitudes toward providing educational services vary widely among residential facilities. Some may try to maintain a student at or near the regular grade placement level while providing intensive mental health services. Others may believe that education is not very important at a time when a child may be in crisis, and provide only minimal educational services.

Questions you will want to ask about education in a residential facility include:

- 1. How much time each day is allocated to academic instruction?** Are the teachers licensed to teach children and youth with emotional disorders? If your child is receiving special education services, the teacher providing those services must have a special education license.

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2. **What subjects are available?** Are the textbooks the same as used in the regular school curricula or are they materials compiled by the institution? Are the content areas similar to what a child would be getting in his or her home school? If not, why not?
 3. **Are there areas in which a high school student needs to earn credits toward school graduation?** Has a discussion taken place with the local school regarding what credits they will and will not accept based on the curriculum offered?
 4. **How will the residential facility obtain a copy of the IEP?** Who will be responsible for implementing the IEP? How often will the facility evaluate the educational services and the student's progress? Weekly? Monthly?

Checklist: Returning to school from residential placement



Careful planning is necessary for students returning to their home school after release from a residential placement. Parents need to know when a release from an institution or other residential setting will occur, and begin planning the transition well in advance. Questions families will want to consider are:

1. **Will the reentry into school from my child's residential placement be on a full-time or on a part-time basis?** If the facility is close enough to the school, a transition plan between the two facilities can help to ease the distress of leaving a famil-

iar program for one that may be less structured for emotional support.

2. **Will a staff person from the residential setting attend the IEP meeting at the regular school to help plan a successful return?** Careful planning is critical for youth who may be practicing new behavioral skills for the first time in a non-residential setting and may need support in the regular school placement for continued success.
3. **Has the residential facility staff kept a careful record of credits earned or credit hours accumulated?** Will staff at the facility make a written recommendation for a promotion in grade? Have they listed activities in such a way that the school can understand how those activities may translate into credits?

For instance, swimming or camping skills could become a physical education credit. Group participation in counseling or other activity may meet a social studies or health requirement. Operating a cash register at a job site may translate into a basic math credit. The residential facility should consult with the local school district as soon as practicable after a child has been placed in the facility, to discuss the services required in the IEP.

For high school students, it is important that the school district and the institution are in agreement about the criteria for obtaining credits for work completed in an institutional setting.

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- 4. Who will transfer records from the residential placement to the public school setting?** If possible, you may want to "hand carry" a copy of the records to the school, to avoid unnecessary delays in placement, or in developing a school program.

As a parent, you have control over the non-educational records that have been kept as a result of your child's residential placement. You may choose to share your child's psychological records with the school, or may share the portions of those records that relate to educational planning. If your child is entering an interagency program, where multiple agencies will be providing services, you will want to ask about confidentiality of records, and decide which records to release.

It is possible to release records to a mental health provider and not release those same records to the school, if you have concerns about confidentiality.

- 5. Is "homebound" proposed as an interim placement?** Most students with emotional or behavioral disorders need peer and social relationships that require a school setting or similar setting. Students may be offered services in a "homebound" program (services provided at the child's home) following a residential placement while the home district seeks an appropriate program.

This practice may not be in the best interest of most students, and should not be necessary if the IEP

planning team meets in advance of the scheduled release date. A homebound placement should be for a limited period of not more than several weeks, unless parents, schools and the child's physician agree that the child's needs are such that it constitutes the least restrictive setting.

6. **What support system does my child need as he returns to the regular school?** Even for students who are not receiving special education services, having an identified support person available when problems occur can be a critical component of a successful transition plan. It is not essential that the person be one of the child's teachers, as long as the person provides support to the student and serves as his or her advocate in the school setting.

Adaptations and Modifications

Most children with emotional or behavior disorders will spend at least part of their school day in a regular education classroom setting. Most will also require some modification of the environment, teaching strategies, coursework or behavioral expectations.

The purpose of modifications or adaptations to the school program for a student with an emotional or behavioral disorder is to provide the student with an equal opportunity to succeed when he or she would not otherwise be able to meet the regular expectations. If time and encouragement are the missing ingredients to success with the regular curriculum, then time and

Adaptations and modifications should be for the purpose of creating in your child a sense of competence in achieving difficult goals, not a sense of incompetence for substandard expectations.

encouragement become the adaptations that are implemented for the student.

Any change in the school program should become part of the IEP, in a section listing adaptations and modifications. This section deals with modifications and adaptations that children may receive, either through the IEP or Section 504 plan. (Section 504 is described under the chapter on "Special Education.")

Parents and other members of the IEP team should consider how a student's emotional or behavioral disorder may affect performance during the entire school day, and write what accommodations are necessary into the IEP. Some suggestions that parents can share with teachers are:

1. A youth with severe attention or memory problems may not be able to listen to a class lecture and simultaneously take notes. A copy of the teacher's lecture notes or a carbon of another student's notes, provided without penalty, can serve as a study guide. Or, he or she might tape record the lectures.
2. Two sets of textbooks, one each for home and school, can help teach responsibility for homework without penalizing the student for forgetting to bring books home each day.
3. A printed copy of materials presented on the blackboard or in filmstrips will ensure that youngsters who have difficulty copying such materials have them available for study.

For additional suggestions, see a list of "pre-referral interventions" and "adaptations and modifications" in the appendix.

4. A youngster with an acute anxiety disorder may need special encouragement to come to school. A reasonable short-term plan for this student might be to obtain partial class credit just for attending school. He or she might benefit from a pass or fail grading system rather than the standard system.
5. Children with disruptive behaviors may have particular difficulty in the regular education classroom. A simple, clearly written behavior plan (not a discipline plan that states the consequences for misbehavior, but an instructional plan for managing behaviors) that all agree is reasonable, should be developed before problems arise.
6. Teach a problem solving strategy, such as the Stop, Relax, and Think technique outlined here. Teach the child how to problem-solve:
 - What is the problem?
 - What do I want out of it?
 - What are my choices?
 - What are the possible consequences of each choice?
 - What is the BEST choice?
 - Prompt the child to use the problem solving strategy:
 - Verbally: "This is a good time to think of a plan"
 - Cue cards: At school and at home
 - Hand signals: Arranged in advance

7. Show the child how to keep track of his own behavior (a check sheet to show the frequency of certain behaviors). This helps him to be responsible for his behavior, not the teacher.
8. Let the child keep a discreet behavior chart regarding the teacher, grading him or her for the day's performance.
9. Acknowledge anything the child has done acceptably well.
10. Adjust goals for children who are unable to finish their work in the allotted time. For example, cut math page into strips, and reward the child for completing a "strip."
11. Place low priority behavior just before high priority behavior. For example, schedule the spelling lesson just before recess. Have an activity the child does not like just before an activity that is highly motivating.
12. Never threaten. Instead present choices that are acceptable to you. If leaving school is not an acceptable choice, do not offer it as a choice. Use statements such as, "These are your choices; which do you prefer?"
13. Help the child to organize materials. Children with attention problems in particular have major problems with study skills and organizing work. Many behaviors emanate from frustration or confusion about what to do when, or where specific materials have been placed.

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14. Encourage students to ask for help, but do not withhold help for those who may be too insecure, shy or afraid to ask.
 15. Provide rewards for on-task, courteous or acceptable behaviors. Catch children "in the act" of being good, and provide verbal praise, privileges or a look of affirmation.
 16. Limit the amount of homework. If parents complain that a child is doing homework well into the night to the exclusion of other activities, it is likely that the homework load is too large. Prioritize and modify. (For students in high school, this may require meeting with all teachers to develop a reasonable expectation for each class).
 17. Plan in advance which behaviors to correct immediately, and which can wait. Ignore the less disruptive behaviors. Write the plan down so that everyone is clear about the agreement.
 18. Modify the environment. Due to a variety of learning styles among children with emotional or behavioral disorders, environmental options may be required. Where a student sits makes a difference, as does lighting, furniture, visual displays in the classroom, color, distractions and other environmental influences. An inviting, distraction-free room can focus attention on learning and reduce classroom behavior problems.

In addition to modifying curriculum or restructuring environments to reduce disruptive behaviors, there are many ways that teachers can contribute to a successful

educational experience for a child with an emotional or behavioral disorder. These are just a few:

1. Develop a "system" (preventive cueing) to alert the child when he or she is doing something unacceptable — a raised eyebrow, a frown, a shake of the head can convey the need to calm down, pay attention or stop a behavior.
2. Use "proximity control." Move closer to the child who is misbehaving, or move the child closer to you.
3. Try behavior "shaping." Reward behavior that is close to desired behavior; then raise your criteria for reinforcement in slight steps as the student's performance approaches the goal. Legitimate praise and acknowledgment are the best long-term reinforcers, although they may need to be paired with more tangible incentives for some students.
4. Let a child who is misbehaving know exactly what you expect; let him know the reinforcement if he carries out the desired behavior rather than what will happen if he does not. Be sure to reinforce acceptable behavior with something the child agrees is desirable or positive.
5. Discipline works best when integrated with effective teaching practices. It is impossible to force children to learn; punishment will never replace motivating activities or effective teaching strategies.
6. Refuse to accept excuses. Once there are sensible rules and consequences established, all misbehavior should be greeted with a specific consequence.

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7. Separate your feelings about the child from feelings about the behavior. Do not "carry a grudge" into the next day.
 8. Teach, practice and model acceptable behavior. Do not raise your voice unless it is acceptable for the child to do the same. Children have louder voices!
 9. Assume that inconsistency is unintentional. Inconsistency is a hallmark characteristic for many children with emotional and behavioral disorders, influenced by diagnosis, learning styles, frustration and numerous other factors beyond their immediate control. Sometimes they can do the work, sometimes not.
 10. Avoid using negative labels. Children with emotional or behavioral disorders are often subjected to labels like lazy, unmotivated or mean. Sometimes adults think that using labels will help the child to stop and think about his or her behavior, and never stop to consider the damage that may be caused to a child with a poor self-image.

Communicating with the School

Partnerships, even very good ones, are dependent on clear communication between partners. Developing a communication plan between home and school in advance can help reduce misunderstandings.

This is especially important for parents of children and adolescents with emotional and behavioral disorders, since, at times, they are difficult children to serve well.

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Checklist: Communication plan

1. **How will the school staff communicate with me regarding my child?** Will the teacher call at a scheduled time? Send written reports? If a child has more than one teacher, who is the primary contact person?
2. **Under what circumstances will I be called at work?** Some parents want to know of every problem their child has, while others only want to hear about the "big ones." Some parents are comfortable being called at work, while others cannot be, except in an emergency. For parents who do not have access to a telephone, how will the communication take place?
3. **How will I know if my child is keeping up with classroom assignments?** Who will monitor academic progress, particularly in the regular education settings? Will it be daily? Weekly? How will you know about homework?
4. **Who will tell the teachers about my child's academic and behavioral needs?** Who will modify the curriculum, or develop alternatives to assignments?
5. **Will the teachers receive a copy of the behavior management plan?** Who will tell them of modifications to rules and policies?
6. **Who normally makes decisions regarding discipline, such as detention or suspension?**
The professionals (often the principal or the assis-

tant principal) who enforce the school rules must know of any modifications to the rules. Disagreements over discipline are less likely if the persons responsible for discipline help the team to develop successful behavior interventions.

7. **What happens in an emergency?** What does the school view as an "emergency plan?" Is there a normal procedure for involving the police, and what is the role of parents in the decision?

Checklist: Communications styles



While a communication plan can be fairly straightforward in that it states agreed-upon methods for timely communication, how you choose to communicate with the school is not included in a plan. Your attitudes, mannerisms, tone of voice or choice of language will be interpreted by your child's teacher or other persons as having many different shades of meaning.

Because a poor relationship with school personnel can undermine confidence in your child's educational program, it is worth taking the time to reflect on whether your communication style is appropriate to an effective partnership. Questions to consider:

1. **Am I able to state what I want for my child without feeling intimidated or overwhelmed?**
Passive persons — those who are hesitant or afraid to say what they think — may go home angry when their needs are not met.

Since IEP meetings can be stressful or even overwhelming, plan ahead. If you are shy or hesitant about stating your opinion clearly, write down what you want to say, or bring a friend with you to provide support. If you make photocopies of your notes and distribute them at the IEP meeting, you will be able to clarify your thoughts if you are unable to state them in a meeting.

2. **Am I able to state what I want for my child without raising my voice, threatening or becoming angry?** Many parents report that attending an IEP planning meeting is not a pleasant experience when their child is not doing well in school. No one likes to hear again and again what the problems are, yet the purpose of such meetings is to talk about needs.

One of the ways you can balance the meeting if it is focused on what your child cannot do, is to request that the staff talk about what your son or daughter can do well before discussing problems. If you really "blow your cool" at a school meeting, be prepared to accept responsibility for your actions; you will be a good role model for regaining control and moving forward with the meeting.

3. **Am I a good listener?** Do you ask questions to get the information you need, and request clarification when you are not sure of what has been said?

Listening is a skill that requires the listener to pay attention. If you are trying to think ahead to your next question to the extent that you are unable to

focus on what is being said, an easy solution is to write down what you want to say in advance of the meeting. That way, you will not have to worry about forgetting key points, and you may be a better listener.

4. **Am I able to disagree with others without using blaming words?** When you are feeling misunderstood by others, it is easy to feel defensive or angry. However, anger may make others feel defensive, and you may find yourself talking at, instead of with, members of the planning team.

Hurt feelings on either side of the table can undermine confidence in the planning partnership that you and school staff undertake on behalf of your child.

Evaluating the IEP Plan

After the IEP or Section 504 planning meeting, the agreed-upon program will be mailed to you for consideration. An IEP must be in writing. If the IEP is handed to you at the meeting, take it home with you for consideration. You have 10 school days to consider whether you agree or disagree with the IEP being proposed for your child.

It is good practice not to sign agreement or disagreement with the IEP at the conference, but to discuss it with a friend or spouse outside the school, in a less stressful environment. At this point, it may be wise to do a final check before agreeing or disagreeing with the proposed program.

Questions you may want to ask are:

1. **Do the goals on the IEP meet the needs from the assessment?** Does the Individualized Educational Program include needs from mental health, vocational, health or other assessments as they affect the educational program?

Your child may have more than one professional from more than one agency involved in planning services, and may even have a specific plan that includes all services from all agencies. Such plans have many different names. The IEP, however, is specific to services required by your son or daughter to benefit from an educational program.

2. **Does each goal have objectives that are short term, specific and measurable?** Do you know, from the IEP, what your child's current levels of performance are, and in what areas? Will you be able to measure, at the time of the IEP review, whether your child is making progress, or how much progress is being made?
3. **Does the IEP state the agreed-upon modifications?** If your child is to be provided any changes in classroom structure, expectations, work completion or other accommodations, are they clearly stated on the IEP plan? Who will share the expectations with the regular teachers?
4. **Does the IEP have a separate discipline plan or behavior plan?** If behavior is part of your child's disability, then behavioral goals should be written on the IEP about how your child will learn new

skills. Any modification of existing school rules will be written in a plan that outlines the discipline to be used with your child.

5. Are the starting dates listed for each service?

The date of review? IEP services must begin upon the signed consent of the parents, and must continue uninterrupted throughout the school year.

The measure of a successful special education program is the progress a child or adolescent has made achieving the goals and objectives on his or her Individual Education Program.

An IEP must be written once a year and reviewed at least once during the year. If you want to attend the IEP review meeting, notify the school of your interest. You should also let the school know what specific day or time of day works best for you to attend a meeting. The time must be agreeable to both you and the school staff involved in your child's program.

An Individualized Education Program or Section 504 Plan will provide the basis for a successful school program for children and adolescents with emotional or behavioral disorders. The plan will define the support and structure needed by your child, as well as the approach to be used in providing educational services.

The IEP must be in writing, and you must be provided an opportunity to agree or disagree with the plan. While a Section 504 plan is not required to be in writing, most schools provide a written plan in order to ensure compliance with 504 regulations.

Resolving Differences

When differences arise between you and the school over your child's educational program, you should first try to resolve them informally. Call the school and talk with the teacher, case manager or principal. If that is not successful, then the following options are available to help resolve disagreements:

1. The Conciliation Conference (Minnesota law): The conciliation conference is an opportunity to "iron out" disagreements with the school in an informal setting. The conference is not required, but is definitely recommended when trying to resolve problems.

To request a conciliation conference, send a letter to your principal, with a copy to the special education director. Keep a copy for yourself! You have the right to bring a friend, relative, advocate or other person with you to a conciliation conference. The meeting takes place at the school. Parents and school personnel discuss their viewpoints and try to find a solution. Conciliation is useful in instances when:

- you have refused consent for an assessment or reassessment,
 - you disagree with the results of the school assessment,
 - you have signed disapproval of your child's IEP,
 - you think your child needs more services, and the school disagrees
 - you think the transportation is not appropriate for your child, and you have not been successful in getting the changes your child needs.
2. Mediation (Minnesota law — also exists in many other states): If you and the school are unable to resolve a disagreement, either of you may request mediation. This is a voluntary process, and both you and the school must agree to mediate your differences. A mediator, a trained person from the state mediation office, will try to help you resolve differences. The mediator is not a decision maker!

To request a mediation in Minnesota, contact your school to see if they agree to mediation, then call the Office of Dispute Resolution, Minnesota State Mediation Services, State of Minnesota, for more information. Or you may contact State Mediation Services and ask them to contact your school staff.

Most states now have mediation processes. Your State Department of Education will tell you how the law works in your state.

3. Due process hearing (Federal and state law): The due process hearing is a more formal process than a conciliation conference or mediation. An impartial Hearing Officer, appointed by the state, serves as a third party to hear both sides of a disagreement between you and the school. The Hearing Officer has the legal responsibility to make a binding decision about how to resolve your dispute.
4. To request a due process hearing, send a letter of request to your school principal, with a copy to the superintendent. The hearing is to be held, and a written decision issued, within 45 days of receipt of your request.

If you are in a due process hearing, it is important to know that the district's attorney will represent the school. You may need legal representation, or at least consultation with someone who is familiar with special education laws. Parents may seek reimbursement of attorney fees if they hire an attorney, and prevail (win) at a due process hearing.

To file a complaint in Minnesota, write to the Office of Monitoring, Minnesota Department of Education, 550 Cedar St., St. Paul, MN 55101. The complaint officer will investigate your complaint and issue a report within 60 days of receiving the written complaint.

5. Appeal to a Hearing Review Officer (Minnesota law — similar in other states): If you are not satisfied with the decision of the due process hearing officer, you may appeal the decision to a hearing review officer. You must file the appeal within 30 days of receipt of the written decision. You and the school will receive a final decision within 30 calendar days.
6. Complaint: Unlike the other appeals processes, the complaint system is not to resolve disagreements between parents and schools. Rather, a complaint is an allegation that the school is not following state or federal laws. If the district does not notify you of your child's assessment results, refuses to provide services outlined in the IEP, or does not otherwise follow the state or federal law, you may file a complaint.

Every state has a complaint process, and they are much the same. The differences may involve where or to whom you mail the complaint, and the length of time the state takes to resolve the issue. Call your State Department of Education or your state Parent Training and Information Center for more information.
7. Section 504 of the Rehabilitation Act of 1973. If you believe that your son or daughter is being discriminated against in a school program based on his or her disability, you may file a Section 504 complaint.

For example, the district refuses to modify its discipline policy for your child, ignoring your physician's statement that the child cannot meet the school discipline standards. This is the time for a Section 504 complaint.

The complaint should be sent to the Office of Civil Rights (OCR) in your region. There are five area offices of the OCR; the Parent Training and Information Center in your state will be able to direct you to the correct address. A listing of currently funded Parent Training and Information Centers is in the appendix.

Conclusion

As a parent of a son or daughter with an emotional or behavioral disorder, you are well aware of the tremendous responsibility of trying to provide your child with the emotional support, behavioral accountability, and educational and mental health services that he or she will need to succeed in an adult world. The act of parenting a child with a mental illness, emotional disturbance or behavior problem is one of balance.

Life often revolves around a quest for elusive community-based education and support services for your child and your family. It is important that you take time along the way to rest, to recoup, and to seek some measure of joy.

If the information in this book provides, in a small way, assistance in securing an appropriate educational program for your child, it has been worth reading. Not all the questions listed here will apply to all situations, but all are intended to offer practical considerations for program planning.

If an appropriate educational program for your child removes one concern from the list of concerns that all parents of children with emotional or behavioral disorders face each day, there may be time for a short rest, a walk in the park, a small measure of joy. We hope this is so.

Appendix

Parent Training and Information Centers

Section 504

Pre-referral Interventions

Resource Organizations

School Modifications and Adaptations

Parent Training and Information Centers

Alabama

Special Education Action Committee
P.O. Box 161274
3207 International Drive, Suite C
Mobile, AL 36616-2274
(205) 478-1208 Voice & TDD

Alaska

P.A.R.E.N.T.S. Resource Center
540 International Road, Suite 200
Anchorage, AK 99518
(907) 563-2246 Voice & TDD

Arizona

Pilot Parent Partnerships
2150 E. Highland Ave., No. 105
Phoenix, AZ 85016
(602) 468-3001 Voice & TDD

Arkansas

Arkansas Disability Coalition
10002 W. Markham, Suite B7
Little Rock, AR 72205
(501) 221-1330 Voice & TDD

Arkansas

FOCUS, Inc.
305 West Jefferson Ave.
Jonesboro, AR 72401
(501) 935-2750 Voice/TDD

California

DREDF
2212 Sixth Street
Berkeley, CA 94710
(510) 644-2555 (TDD available)

California

Matrix
555 Northgate Drive, Suite A
San Rafael, CA 94903
(415) 499-3877

California

Parents Helping Parents
3041 Olcott St.
Santa Clara, CA 95054-3222
(408) 727-5775

California

Parents Helping Parents
1801 Vincente Street
San Francisco, CA 94116
(415) 564-0722

California

TASK
100 West Cerritos Ave.
Anaheim, CA 92805-6546
(714) 533-8275

Colorado

PEAK Parent Center, Inc.
6055 Lehman Drive, Suite 101
Colorado Springs, CO 80918
(719) 531-9400 / (719) 531-9403 TDD

Connecticut

CPAC
5 Church Lane, Suite 4
P.O. Box 579
East Lyme, CT 06333
(203) 739-3089 Voice & TDD

Delaware

Parent Information Center (PIC)
700 Barksdale Road, Suite 6
Newark, DE 19711
(302) 366-0152 / (302) 366-0178 (TDD)

District of Columbia

COPE
810 Potomac Ave. SE, First Floor Rear
Washington, DC 20003
(202) 543-6046

Florida

Family Network on Disabilities
5510 Gray Street, Suite 220
Tampa, FL 33609
(813) 289-1122 Voice & TDD

Georgia

Parents Educating Parents (PEP)
2860 East Point St., Suite 200
East Point, GA 30344
(404) 761-3150 Voice & TDD

HONORABLE INTENTIONS

Hawaii

AWARE

200 N. Vineyard Blvd., Suite 310
Honolulu, HI 96817
(808) 536-2280 (Voice & TDD)

Idaho

Idaho Parents Unlimited, Inc.
4696 Overland Road, Suite 478
Boise, ID 83705
(208) 342-5884 Voice & TDD

Illinois

Designs for Change
6 North Michigan Ave., Suite 1600
Chicago, IL 60602
(312) 857-9292; (312) 857-1013 TDD

Illinois

Family Resource Center on Disabilities
20 E. Jackson Blvd., Room 900
Chicago, IL 60604
(312) 939-3513 / (312) 939-3519 TDD

Indiana

IN*SOURCE
833 Northside Blvd., Bldg. 1, Rear
South Bend, IN 46617
(219) 234-7101

Iowa

Iowa Pilot Parents
33 North 12th Street
P.O. Box 1151
Fort Dodge, IA 50501
(515) 576-5870

Kansas

Families Together, Inc.
501 Jackson, Suite 400
Topeka, KS 66603
(913) 233-4777

Kentucky

KY-SPIN
2210 Goldsmith Lane, Suite 118
Louisville, KY 40218
(502) 456-0923 or 800-525-7746

Louisiana

Project PROMPT
4323 Division Street, Suite 110
Metairie, LA 70002-3179
(504) 888-9111

Maine

Special Needs Parents Info Network
P.O. Box 2067
Augusta, ME 04338-2067
(207) 582-2504

Maryland

Parents Place of Maryland, Inc.
7257 Parkway Drive, Suite 210
Hanover, MD 21076
(410) 712-0900 Voice & TDD

Massachusetts

Federation for Children
with Special Needs
95 Berkeley St., Suite 104
Boston, MA 02116
(617) 482-2915 (Voice and TTY)

Michigan**CAUSE**

313 S. Washington Square, Suite 040
Lansing, MI 48933
(517) 485-4084 Voice & TDD & TDY

Michigan**Parents are Experts**

23077 Greenfield Road, Suite 205
Southfield, MI 48075-3744
(810) 557-5070 Voice & TDD

Mississippi**Parent Partners**

3111 North State Street
Jackson, MS 39211
(601) 362-4830

Missouri**Missouri Parents Act**

2100 S. Brentwood, Suite G
Springfield, MO 65804
(417) 882-7434 (TDD)

Montana**Parents Let's Unite for Kids**

1500 North 30th St., Room 267
Billings, MT 59101-0298
(406) 657-2055

Nebraska**NE Parents' Info & Training Center**

3610 Dodge St.,
Omaha, NE 68131
(402) 346-0525 Voice & TDD

Nevada**Parent Connection**

3380 South Arville, Suite J
Las Vegas, NV 89102
(702) 252-0259, ext. 112

New Hampshire**Parent Information Center**

P.O. Box 1422
Concord, NH 03302-1422
(603) 224-7005 (Voice & TDD)

New Jersey**Statewide Parent Advocacy Network**

516 North Ave. East
East Westfield, NJ 07909
(908) 654-7726 Voice & TDD

New Mexico**EPICS Project**

P.O. Box 788
Bernalillo, NM 87004
(505) 867-3396, ext. 4

New Mexico**Parents Reaching Out, Project ADOBE**

1000A Main St.
Los Lunas, NM 87031
(505) 865-3700 Voice & TDD

New York**Advocates for Children of NY**

24-16 Bridge Plaza S.
Long Island City, NY 11101
(718) 729-8866

HONORABLE INTENTIONS

New York

Parent Network Center
452 Delaware Avenue
Buffalo, NY 14202
(716) 885-1004 / (716) 885-3527 TDD

New York

Resources for Children with Special Needs
200 Park Ave. S., Suite 816
New York, NY 10003
(212) 677-4650

North Carolina

ECAC, Inc.
P.O. Box 16
Davidson, NC 28036
(704) 892-1321

North Carolina

Parents Project
300 Enola Road
Morgantown, NC 28655
(704) 433-2662

North Dakota

Pathfinder Family Center
Arrowhead Shopping Center
16th St. and 2nd Ave. SW
Minot, ND 58701
(701) 852-9426 / (701) 852-9436 TDD

Ohio

Child Advocacy Center
1821 Summit Road, Suite 303
Cincinnati, OH 45237
(513) 821-2400

Ohio

OCEHC
1299 Campbell Road, Suite B
Marion, OH 43302
(614) 382-5452 Voice & TDD

Oklahoma

Parents Reaching Out in OK
1917 S. Harvard Avenue
Oklahoma City, OK 73128
(405) 681-9710

Oregon

Oregon COPE Project
999 Locust St. NE, Box B
Salem, OR 97303
(503) 373-7477 Voice & TDD

Pennsylvania

Mentor Parent Program
Route 257, Salina Road
P.O. Box 718
Seneca, PA 16346
(814) 676-8615

Pennsylvania

Parent Education Network
333 East Seventh Avenue
York, PA 17404
(717) 845-9722 Voice & TDD

Pennsylvania

Parents Union for Public Schools
311 S. Juniper St., Suite 602
Philadelphia, PA 19107
(215) 546-1166

Puerto Rico

Parents Training Parents by ANPI
P.O. Box 21301
Rio Piedras, PR 00928-1301
(809) 763-4665 / 765-0345 (Phone &
FAX)

Republic of Palau

Palau Parent Network
P.O. Box 1583
Koror, Republic of Palau, Palau 96940
011-680 488-1793

Rhode Island

RI Parent Information Network
500 Prospect Street
Pawtucket, RI 02860
(401) 727-4145 / (401) 727-4151 TDD

South Carolina

PRO-PARENTS
2712 Middleburg Drive, Suite 102
Columbia, SC 29204
(803) 779-3859 Voice & TDD

South Dakota

South Dakota Parent Connection
3701 West 49th St., Suite 200B
Sioux Falls, SD 57106
(605) 361-3171 Voice & TDD

Tennessee

STEP
1805 Hayes St., Suite 100
Nashville, TN 37203
(615) 327-0294

Texas

PATH Project
1090 Longfellow Drive, Suite B
Beaumont, TX 77706-4889
(409) 898-4684 / (408) 898-4816 TDD

Texas

Project PODER - Texas Fiesta Education
2300 Commerce, Suite 205
San Antonio, TX 78207
(210) 222-2637

Texas

Special Kids, Inc.
P.O. Box 61628
Houston, TX 77208-1628
(713) 643-9576

Utah

Utah PIC
2290 East 4500 S., Suite 110
Salt Lake City, UT 84117
(801) 272-1051

Vermont

Vermont Parent Information Center
Chace Mill, 1 Mill Street
Burlington, VT 05401
(802) 658-5315 Voice & TDD

Virginia

PEATC
10340 Democracy Lane, Suite 206
Fairfax, VA 22030
(703) 691-7826

HONORABLE INTENTIONS

Washington

PAVE / STOMP

12208 Pacific Highway SW
Tacoma, WA 98499
(206) 588-1741 Voice & TTY

Washington

Touchstones Program

6721 - 51st Avenue S.
Seattle, WA 98118
(206) 721-0867

Washington

Washington PAVE

6316 South 12th
Tacoma, WA 98465
(206) 565-2266 (Voice & TDD)

West Virginia

West Virginia PTI

Colonial Village
104 E. Main Street, Suite 3B
Clarksburg, WV 26301
(304) 624-1436 Voice & TTY

Wisconsin

Parent Education Project

2192 South 60th Street
West Allis, WI 53219
(414) 328-5520

Wyoming

Wyoming PIC

5 North Lobban
Buffalo, WY 82834
(307) 684-2277 Voice & TDD

Section 504 of the Rehabilitation Act of 1973

Subpart D — Preschool, Elementary, and Secondary Education

Reg. 104.31 Application of this subpart.

Subpart D applies to preschool, elementary, secondary and adult education programs and activities that receive or benefit from Federal financial assistance and to recipients that operate or that receive or benefit from Federal financial assistance for the operation of such programs or activities.

Reg. 104.32 Location and notification.

A recipient that operates a public elementary or secondary education program shall annually:

(a) Undertake to identify and locate every qualified handicapped person residing in the recipient's jurisdiction who is not receiving a public education; and

(b) Take appropriate steps to notify handicapped persons and their parents or guardian of the recipient's duty under this subpart.

Reg. 104.33 Free appropriate public education.

(a) General. A recipient that operates a public elementary or secondary education programs shall provide a free appropriate public education to each qualified handicapped person who is in the recipient's jurisdiction, regardless of the nature or severity of the person's handicap.

(b) Appropriate education. (1) For the purpose of this subpart, the provision of an appropriate education is the provision of regular or special education and related aids and services that (i) are designed to meet individual educational needs of handicapped persons as adequately as the needs of nonhandicapped persons are met and (ii) are based upon adherence to procedures that satisfy the requirements of Regs. 104.34, 104.35, and 104.36.

(2) Implementation of an individualized education program developed in accordance with the Education of the Handicapped Act is one means of meeting the standard established in paragraph (b) (1) (i) of this section.

(3) A recipient may place a handicapped person in or refer such person to a program other than the one that it operates as its means of carrying out the requirements of this subpart. If so, the recipient remains responsible for ensuring that the requirements of this subpart are met with respect to any handicapped person so placed or referred.

(c) Free education — (1) General. For the purpose of this section, the provision of a free education is the provision of educational and related services without cost to the handi-

capped person or to his or her parents or guardian, except for those fees that are imposed on nonhandicapped persons or their parents or guardian. It may consist either of the provision of free services or, if a recipient places a handicapped person in or refers such person to a program not operated by the recipient as its means of carrying out the requirements of this subpart, of payment for the costs of the program. Funds available from any public or private agency may be used to meet the requirements of this subpart. Nothing in this section shall be construed to relieve an insurer or similar third party from an otherwise valid obligation to provide or pay for services provided to a handicapped person.

(2) Transportation. If a recipient places a handicapped person in or refers such person to a program not operated by the recipient as its means of carrying out the requirements of this subpart, the recipient shall ensure that adequate transportation to and from the program is provided at no greater cost than would be incurred by the person or his or her parents or guardian if the person were placed in the program operated by the recipient.

(3) Residential placement. If placement in a public or private residential program is necessary to provide a free appropriate public education to a handicapped person because of his or her handicap, the program, including non-medical care and room and board, shall be provided at no cost to the person or his or her parents or guardian.

(4) Placement of handicapped persons by parents. If a recipient has made available, in conformance with the requirements of this section and Reg. 104.34, a free appropriate public education to a handicapped person and the person's parents or guardian choose to place the person in private school, the recipient is not required to pay for the person's education in the private school. Disagreements between a parent or guardian and a recipient regarding whether the recipient has made such a program available or otherwise

regarding the question of financial responsibility are subject to the due process procedures of Reg. 104.36.

(d) Compliance. A recipient may not exclude any qualified handicapped person from a public elementary or secondary education after the effective date of this part. A recipient that is not, on the effective date of this regulation, in full compliance with the other requirements of the preceding paragraphs of this section shall meet such requirements at the earliest practicable time and in no event later than September 1, 1978.

Reg. 104.34 Educational setting.

(a) Academic setting. A recipient to which this subpart applies shall educate, or shall provide for the education of, each qualified handicapped person in its jurisdiction with persons who are not handicapped to the maximum extent appropriate to the needs of the handicapped person. A recipient shall place a handicapped person in the regular educational environment operated by the recipient unless it is demonstrated by the recipient that the education of the person in the regular environment with the use of supplementary aids and services cannot be achieved satisfactorily. Whenever a recipient places a person in a setting other than the regular educational environment pursuant to this paragraph, it shall take into account the proximity of the alternate setting to the person's home.

(b) Nonacademic settings. In providing or arranging for the provision of nonacademic and extracurricular services and activities, including meals, recess periods, and the services and activities set forth in Reg. 104.37 (a)(2), a recipient shall ensure that handicapped persons participate with nonhandicapped persons in such activities and services to the maximum extent appropriate to the needs of the handicapped person in question.

(c) Comparable facilities. If a recipient, in compliance with paragraph (a) of this section, operates a facility that is identifi-

able as being for handicapped persons, the recipient shall ensure that the facility and the services and activities provided therein are comparable to the other facilities, services, and activities of the recipient.

Reg. 104.35 Evaluation and placement.

(a) Preplacement evaluation. A recipient that operates a public elementary or secondary education program shall conduct an evaluation in accordance with the requirements of paragraph (b) of this section of any person who, because of handicap, needs or is believed to need special education or related services before taking any action with respect to the initial placement of the person in a regular or special education program and any subsequent significant change in placement.

(b) Evaluation procedures. A recipient to which this subpart applies shall establish standards and procedures for the evaluation and placement of persons who, because of handicap, need or are believed to need special education or related services which ensure that:

1. Tests and other evaluation materials have been validated for the specific purpose for which they are used and are administered by trained personnel in conformance with the instructions provided by their producer;
2. Tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to produce a single general intelligence quotient; and
3. Tests are selected and administered so as best to ensure that, when a test is administered to a student with impaired sensory, manual or speaking skills, the test results accurately reflect the student's aptitude or achievement level or whatever other factor the test purports to measure, rather than reflecting the student's impaired sensory, manual, or speaking skills

(except where those skills are the factors that the tests purport to measure).

(c) Placement procedures. In interpreting evaluation data and in making placement decisions, a recipient shall (1) draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior, (2) establish procedures to ensure that information obtained from all such sources is documented and carefully considered, (3) ensure that the placement decision is made by a group of persons, including persons knowledgeable about the child, the meaning of the evaluation data, and the placement options, and (4) ensure that the placement decision is made in conformity with Reg. 104.34.

(d) Reevaluation. A recipient to which this section applies shall establish procedures, in accordance with paragraph (b) of this section, for periodic reevaluation of students who have been provided special education and related services. A reevaluation procedure consistent with the Education of the Handicapped Act (now Individuals with Disabilities Education Act) is one means of meeting this requirement.

Reg. 104.36 Procedural safeguards.

A recipient that operates a public elementary or secondary education program shall establish and implement, with respect to actions regarding the identification, evaluation, or educational placement of persons who, because of handicap, need or are believed to need special instruction or related services, a system of procedural safeguards that includes notice, an opportunity for the parents or guardian of the person to examine relevant records, an impartial hearing with opportunity for participation by the person's parents or guardian and representation by counsel, and a review procedure. Compliance with procedural safeguards of section 615 of the Education of the Handicapped Act is one means of meeting this requirement.

**OCR policy
interpretation: School
Board members as
hearing officers**

School board members may not serve as hearing officers in proceedings conducted to resolve disputes between parents of handicapped children and officials of their school system. Policy Interpretation No. 6.

Reg. 104.37 Nonacademic services.

(a) General.

(1) A recipient to which this subpart applies shall provide nonacademic and extracurricular services and activities in such manner as is necessary to afford handicapped students an equal opportunity for participation in such services and activities.

(2) Nonacademic and extracurricular services and activities may include counseling services, physical recreational athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the recipients, referrals to agencies which provide assistance to handicapped persons, and employment of students, including both employment by the recipient and assistance in making available outside employment.

(b) Counseling services. A recipient to which this subpart applies that provides personal, academic, or vocational counseling, guidance, or placement services to its students shall provide these services without discrimination on the basis of handicap. The recipient shall ensure that qualified handicapped students are not counseled toward more restrictive career objectives than are nonhandicapped students with similar interests and abilities.

(c) Physical education and athletics. (1) In providing physical education courses and athletics and similar programs and activities to any of its students, a recipient to which this subpart applies may not discriminate on the basis of handicap. A recipient that offers physical education courses or that operates or sponsors interscholastic, club, or intramural athletics shall provide to qualified handicapped students an equal opportunity for participation in these activities.

(2) A recipient may offer to handicapped students physical education and athletic activities that are separate or different from those offered to nonhandicapped students only if separa-

**OCR interpretation:
Participation of
handicapped
students in
contact sports**

Students who have lost an organ, limb or appendage but who are otherwise qualified, may not be excluded by recipients from contact sports. However, such students may be required to obtain parental consent and approval for participation from the doctor most familiar with their condition. If the school system provides its athletes with medical care insurance for sickness or accident, it must make the insurance available without discrimination against handicapped athletes. Policy Interpretation No. 5.

tion or differentiation is consistent with the requirements of Reg. 104.34 and only if no qualified handicapped student is denied the opportunity to compete for teams or to participate in courses that are not separate or different.

Reg. 104.38 Preschool and adult education programs.

A recipient to which this subpart applies that operates a preschool education or day care program or activity or an adult education program or activity may not, on the basis of handicap, exclude qualified handicapped persons from the program or activity and shall take into account the needs of such persons in determining the aid, benefits, or services to be provided under the program or activity.

Reg. 104.39 Private education programs.

(a) A recipient that operates a private elementary or secondary education program may not, on the basis of handicap, exclude a qualified handicapped person from such program if the person can, with minor adjustments, be provided an appropriate education, as defined in Reg. 104.33(b)(1), within the recipient's program.

(b) A recipient to which this section applies may not charge more for the provision of an appropriate education to handicapped persons than to nonhandicapped persons except to the extent that an additional charge is justified by a substantial increase in cost to the recipient.

(c) A recipient to which this section applies that operates special education programs shall operate such programs in accordance with the provisions of Regs. 104.35 and 104.36. Each recipient to which this section applies is subject to the provisions of Regs. 104.34, 104.37, and 104.38.

Pre-Referral Interventions

Pre-referral interventions are strategies that can be tried with students who have been identified as "at-risk" or who have been referred to a child study team for consideration of special education evaluation. If pre-referral strategies work to change student behavior, their use may reduce the need for special education referrals.

The following suggestions are simple to implement in a classroom, and do not require more than ordinary teaching skills.

Appropriate Class Participation

1. Give both auditory and visual presentations—do not assume a single approach is understood.
2. Check a child's understanding by asking him or her to explain an assignment.
3. Provide bonus points for increased participation in class activities.
4. Maintain close physical proximity (touch if appropriate).
5. Set up an informal contract for appropriate participation.
6. Hold problem-solving classroom meetings—nonjudgmental, open discussions, directed toward finding solutions for classroom problems — and invite participation.
7. Review expectations for using listening skills and for asking questions.
8. Place student near a potential friend.
9. Use direct eye contact.
10. Draw student out (acknowledge presence) in non-threatening way.
11. Talk to student after class regarding class activities, etc.
12. Use words of encouragement.
13. Acknowledge any response (even a wrong answer) in a positive way.
14. Keep a log of appropriate speaking up—show the student progress made.

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15. Send positive communications home, or make positive phone calls.
 16. Arrange a "secret signal" for student who needs help.
 17. Build activities into lesson plan that encourage interaction.
 18. Encourage cooperative learning in the classroom.
 19. Provide opportunities for students to make choices.
 20. Only call on the child when you have prior knowledge he knows the material.
 21. Talk to the withdrawn child about what she likes.
 22. Explain what you are doing while you are doing it, so the student can hear and see at the same time.
 23. Give written questions to think about before calling on student for answer.
 24. Encourage student to repeat verbal instruction.
 25. Ask questions requiring short answers.

Completing Daily Work

1. Be sure the materials are at the student's level.
2. Have the student keep a daily assignment log — and check log daily.
3. Work with parents to monitor daily assignments; reward completed work.
4. Communicate with parents to provide quiet study away from traffic.

5. Home school communication is an important key for work completion.
6. Provide positive feedback to students who meet your expectations—make feedback specific (“Tom, good job of keeping your voice down”) — and make sure feedback is behavior specific.
7. Define acceptable behavior in your classroom rather than just unacceptable behavior; repeat reinforcement system for acceptable behavior.
8. Secondary students: Reduce embarrassment by providing praise in a businesslike manner (non-enthusiastic) and by immediately shifting your eye contact off the student.
9. Convey behavioral information to the student in a positive manner.
10. Assess instructional variables—if students are not successful academically, they may use behavior to gain attention and feel successful.
11. Use humor to defuse situation (no sarcasm).
12. Be consistent, always stay calm.
13. Evaluate the effectiveness of your intervention.
14. Always treat the student with respect and dignity.
15. Select only one or two target behaviors to work on.
16. Teach the student to self-monitor his behavior.
17. Plan weekly phone calls to parents regarding behavior and progress.
18. Review the rules in your classroom frequently (daily at first).

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19. Provide student with many social and academic successes.
 20. Teach appropriate conflict resolution.
 21. Always apply negative consequences in a calm, matter of fact manner.
 22. Avoid hassling off-task student; instead praise on-task behaviors.
 23. Keep the behavior plan SIMPLE.
 24. Catch the student being good; reinforce at least three times more often than negative behaviors are given consequences.
 25. Find out what kinds of positive rewards your students like.
 26. Use proximity control — stand next to the student who is exhibiting problem behavior.
 27. When you reprimand, do it privately.
 28. Give attention to students who are performing as expected.
 29. Limit distractions. Do not seat distractible students near windows, doors, or colorful bulletin boards.
 30. Make the child with the toughest behavior problem your ally.

Children's Mental Health Organizations

Minnesota Organizations

Alliance for the Mentally Ill of Minnesota
970 Raymond Ave. #105
St. Paul, MN 55114-1146
(612) 645-2948

Mental Health Association of Minnesota
2021 East Hennepin Avenue #412
Minneapolis, MN 55413
(612) 331-6840
1-800-862-1799 (toll free in MN)

Mental Health Law Project
430 1st Avenue North #300
Minneapolis, MN 55401-1780
(612) 332-1441
1-800-292-4150 (toll free in MN)

Ombudsman for Mental Health
and Mental Retardation
Suite 202, Metro Square Building
St. Paul, MN 55101
(612) 296-3848
1-800-657-3506 (toll free in MN)

PACER Center, Inc.
4826 Chicago Avenue South
Minneapolis, MN 55417
(612) 827-2966
1-800-537-2237 (toll free in MN)

National Organizations

Federation of Families for
Children's Mental Health (FFCMH)
1021 Prince Street
Alexandria, VA 22314
(703) 684-7710

National Alliance for the Mentally Ill
Child and Adolescent Network
1901 North Fort Meyer Drive, Suite 500
Arlington, VA 22209

National Parent Network on Disabilities
1600 Prince Street, Suite 115
Alexandria, VA 22314
(703) 684-6763

Children's Defense Fund
122 C Street NW, Suite 400
Washington, DC 20001

Council for Children with Behavior Disorders
1920 Association Drive
Reston, VA 22091
(703) 620-3660

National Clearinghouse for
Mental Health Information
11A-33 Parklawn Building
5600 Fishers Lane
Rockville, MD 20857
(301) 443-4513

National Information Center for
Handicapped Children and Youth
P.O. Box 1492
Washington, DC 20013
(703) 893-6061

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314
(202) 783-0125

The Federation of Families for Children's Mental Health State Chapters and Representatives Contact List

ALABAMA
Family Support Network
P.O. Box 19425
Birmingham, AL 35219
205-945-1590
1-800-664-1590 (toll free)
205-664-3071 (FAX)

ALASKA
Alaska AMI
450 Lake Otis Parkway # 103
Anchorage, AK 99508
907-561-3127

ARIZONA
MIKID
2441 East Fillmore
Phoenix, AZ 85008
602-220-9846
800-35-MIKD (toll free in state)
602-220-0934 (FAX)

ARKANSAS
Arkansas FFCMH
4313 West Markham
Little Rock, AR 72205
501-221-7963

HONORABLE INTENTIONS

CALIFORNIA

Family Network of California
389 Bryce Canyon Road
San Rafael, CA 94903
415-479-3531
415-479-3531 (FAX)

PHP - The Family Res. Center
"Family Resource Dept."
1801 Vicente Street
San Francisco, CA 94116
415-564-0722
415-681-1065 (FAX)

United Advocates for Children
c/o Mental Health Assoc.
2395 Pine Street
San Francisco, CA 94115
415-752-4978
415-921-4401 (Msg)

United Advocates for Children
1100 11th Street, # 305
Sacramento, CA 95814

COLORADO

Colorado FFCMH
MHA of Colorado
6795 E. Tennessee Ave. #425
Denver, CO 80224
303-377-3040
303-377-4920 (FAX)

No. Colorado FFCMH
1400 Whitepeak Court
Ft. Collins, CO 80525
303-223-3036

Urban Children's MH Coalition
5100 Lincoln Street
Laradon Hall, #CB3/CB5
Denver, CO 80216
303-296-2400 ext.240 & 241
303-293-2853 (FAX)

CONNECTICUT

Connecticut FFCNH
MHA of Connecticut
20-30 Beaver Road
Wethersfield, CT 06109
203-529-6552
203-529-6833 (FAX)

DELAWARE

MHA of Delaware
1813 N. Franklin Street
Wilmington, DE 19802
302-656-8308

DISTRICT OF COLUMBIA

Family Advocacy & Support Association
P.O. Box 74884
Washington, DC 20056-4884
202-576-7154
202-576-8804 (FAX)

FLORIDA

F.D.L.R.S.
5555 SW 93rd Ave.
Miami, FL 33165
305-274-3501

Florida FFCMH, Inc.
3252 Albert Drive
Tallahassee, FL 32308
904-894-1788

United Families for
Children's Mental Health
5510 Gray Street, Suite 220
Tampa, FL 33609
813-289-1122
800-825-5736
813-286-8614 (FAX)

GEORGIA
GA Parent Support Network
620 Peachtree Street #300E
Atlanta, GA 30308
404-875-6801
404-875-6755 (FAX)

Connections
5313 Corinth Drive
Stone Mountain, GA 30087
404-413-1098

HAWAII
Hawaii Families As Allies
P.O. Box 243
Kaunakakai, HI 96748
808-553-5600

Hawaii Families As Allies
200 N. Vineyard Blvd., Suite 300
Honolulu, HI 96817
808-521-1846
808-533-6995 (FAX)

IDAHO
Idaho Parents United
4696 Overland Rd., #478
Boise, ID 83705
208-342-5884
208-342-1408 (FAX)

ILLINOIS
Illinois FFCMH
15 Spinning Wheel Road #416
Hinsdale, IL 60521
708-654-2200
708-654-2202 (FAX)

Community Service Options
8704 South Constance Ave.
Chicago, IL 60617
312-768-4492 ext. 222
312-768-4598 (TTY)
312-768-4892 (FAX)

Garrison FFCMH
936 W. Michigan
Jacksonville, IL 62650

INDIANA
The Family Advance Group
214 West Second
Anderson, IN 46016
316-643-4357

IOWA
Iowa FFCMH
13276 Circle Drive
Anamosa, IA 52205
515-462-4423

KANSAS
Keys for Networking
117 SW 6th Ave.
Topeka, KS 66603
913-233-8732
800-449-8732
913-235-6659 (FAX)

HONORABLE INTENTIONS

Sedgwick County FFCMH
55 North Woodlawn
Wichita, KS 67208
316-685-1821
316-685-0768 (FAX)

KENTUCKY
Kentucky SPIN/Project Vision
2210 Goldsmith Lane #118
Louisville, KY 40218
502-456-0923
800-525-7746
502-456-0893 (FAX)

Kentucky FFCMH
225 Mt. Vernon Drive
Georgetown, KY 40324
502-868-0458

Jefferson County FFCMH
631 South 41st Street
Louisville, KY 40211
502-778-0536

S.P.O.K.E.S.
275 E. Main Street
Frankfort, KY 40621
502-564-7610
502-564-3844 (FAX)

F.A.C.E.S. of the Bluegrass
570 E. Main Street
Lexington, KY 40508
606-254-3106

Kentucky IMPACT
275 E. Main Street
Frankfort, KY 40621
502-564-7610

LOUISIANA
Louisiana FFCMH
P.O. Box 2656
Covington, LA 70434
504-892-0505
800-224-4010
504-893-4010 (FAX)

Louisiana FFCMH
7801 Butterfield Road
New Orleans, LA 70126
504-242-4783 or
504-892-0505
800-224-4010
504-242-4783 (FAX)

MAINE
Parent Liaison Project of Maine
P.O. Box 272
Mt. Vernon, ME 04352
207-293-2746

MARYLAND
Montgomery Co. FFCMH
17717 Cliffbourne Lane
Derwood, MD 20855
301-217-1289
310-963-0625 (FAX)

Parents Supporting Parents
4012 Byrd Road
Kensington, MD 20895
301-949-4352

MASSACHUSETTS
Parent Professional Advocacy League
95 Berkeley St. Suite 104
Boston, MA 02116-6237
617-482-2915
800-331-0688 (in state)
617-695-2939 (FAX)

Roxbury United for
Families and Children
85 E. Newton Street #839
Boston, MA 02118
617-266-8800 ext. 332

MICHIGAN
MAEDC
Cornstock High School
2107 North 26th Street
Comstock, MI 49401
616-388-9421
616-344-4645 (FAX)

MI Association for EDC
15920 Twelve Mile Road, Suite 201
Southfield, MI 48075
810-552-0044
810-552-0047 (FAX)

Association for CMH
1705 Coolidge Road
East Lansing, MI 48823
517-336-7222
517-336-8884 (FAX)

MINNESOTA
PACER Center, Inc.
4826 Chicago Avenue South
Minneapolis, MN 55417
612-827-2966
800-537-2237

MN Association for Children's MH
1498 Clemson Street
Eagan, MN 55122
612-456-5841

MISSISSIPPI
MS Families As Allies
5166 Keele Street, Suite B-100
Jackson, MS 39206
601-981-1618
601-981-1696 (FAX)

Families As Allies
Jackson Metro Chapter
5166 Keele Street, Suite B-100
Jackson, MS 39206
601-981-1618
601-981-1696 (FAX)

MISSOURI
Mo-Span
1124 Bliss Drive
St. Louis, MO 63137
314-388-3180
314-388-3189 (FAX)

MONTANA
Family Support Network
P.O. Box 21366
Billings, MT 59101-0298
406-256-7783
406-256-9879 (FAX)

NEBRASKA
NE Family Support Network
215 Centennial Mall South, Rm. 220
Lincoln, NE 68508
402-477-2992
800-245-6081
402-477-8317 (FAX)

Family Support Network
816 South 94th Street
Omaha, NE 68114

HONORABLE INTENTIONS

Family Support Network
745 West Avon
Lincoln, NE 68505

NEVADA
Nevada PEP, Inc.
4970 Arville, Suite 110
Las Vegas, NV 89118

NEW HAMPSHIRE
NH-AMI
10 Ferry Street, Unit 314
Concord, NH 03301
603-225-5359
800-242-NAMI
603-228-8848 (FAX)

NEW JERSEY
Parent Support Network
2 Mira Court
Marlboro, NJ 07746
908-431-6087

NEW MEXICO
Parents for
Behaviorally Different Children
7732 Hermanson, NE
Albuquerque, NM 87110
505-265-0430

NEW YORK
Finger Lakes Parent Network
3320 Woods Edge
Walworth, NY 14658
716-336-2230

Parent Support Network
169 Central Ave.
Albany, NY 12206
518-434-0439 ext. 22
518-427-8676 (FAX)

MHA of New York State
169 Central Ave.
Albany, NY 12206
518-434-0439 ext. 22
518-427-8676 (FAX)

NORTH CAROLINA
NC-AMI/FFCMH
4904 Waters Edge Drive #152
Raleigh, NC 27606
919-851-0063
800 451-9682 (in state)
919-851-5989 (FAX)

NORTH DAKOTA
ND-FFCMH
706 N. 3rd Street
Bismark, ND 58501
701-258-1921

OHIO
First Ohio Chapter- FFCMH
4505 Quaker Court
Canfield, OH 44406
216-726-9570

Child & Adolescent Service Center
919 Second Street NE
Canton, OH 44704
216-455-1225

Franklin County FFCMH
5440 Tretorn Drive #103
Hilliard, OH 43026

FFCMH of Central Ohio
Box 333
Westerville, OH 43081

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OKLAHOMA

4645 E. 57th Place
Tulsa, OK 74135
918-581-2203

The Child & Adolescent Network

200 Northwest 66th #925
Oklahoma City, OK 73116
405-848-4330
405-848-4330 (FAX)

OREGON

Oregon Family Support Network
2954 Center Street NE
Salem, OR 97301
503-581-2047
503-581-4841 (FAX)

PENNSYLVANIA

Parents Involved Network
1211 Chestnut Street
Philadelphia, PA 19107
215-751-1800

RHODE ISLAND

Parent Support Network
4 Shore Road
Westerey, RI 02891

Parent Support Network

2905 Post Road
Warwick, RI 02886
401-736-8844
401-736-8845 (FAX)

SOUTH CAROLINA

The Village Program
1 Carriage Lane, Bldg. G
Charleston, SC 29407
803-825-4125
803-852-4130 (FAX)

SOUTH DAKOTA

Parent Support Network
2609 south Elmwood
Sioux Falls, SD 57105

TENNESSEE

Tennessee Voice for Children
308 Bobby Drive
Franklin, TN 37064
615-794-0467

TEXAS

Dallas FFCMH
5200 S. Buckner Blvd.
Dallas, TX 75227

Texas Gulf Coast FFCMH
26 East Stony Bridge
The Woodlands, TX 77381

Texas FFCMH
1020 Riverwood Court
Conroe, TX 77304
409-525-2580
409-756-8326 (FAX)

Special Kids, Inc.
6202 Belmark
Houston, TX 77087
713-643-9576
713-643-6291 (FAX)

Partners Resource Network
700 North Center
Arlington, TX 76011
817-469-8137
800-866-4726
409-838-2351 (FAX)

HONORABLE INTENTIONS

Montgomery Cty. FFCMH
1020 Riverwood Court
Conroe, TX 77304
409-525-2580
409-756-8326 (FAX)

Fort Bend FFCMH
719 Fox Borough Lane
Missouri City, TX 77489
713-437-8028

UTAH
Families as Allies
2290 E. 4500 South #110
Salt Lake City, UT 84117
801-272-1068
801-272-8907 (FAX)

VERMONT
Vermont FFCMH
P.O. Box 607
Montpelier, VT 05601-0607
802-223-4917
802-229-9233 (FAX)

VIRGINIA
PACCT
201 W. Braod Street, 5th Floor
Richmond, VA 23230
804-225-0002
804-780-6939 (FAX)

Pierce County FFCMH
801 East 141st
Tacoma, WA 98445
206-531-7998
206-531-7998 (FAX)

WEST VIRGINIA
Mountain State Parents
Children & Adolescent Network
20 Richmond Avenue
Wheeling, WV 26003
304-233-5399
800-244-5385

WISCONSIN
Wisconsin Family Ties
16 N. Carroll Street, Suite 630
Madison, WI 53703
608-267-6888
608-267-0368 (FAX)

WYOMING
UPLIFT
P.O. Box 664
Cheyenne, Wy 82003
307-778-8686
307-778-8686 (FAX)

Concerned Parent Coalition
1125 Sioux Avenue
Gillette, WY 82718-6529

Coalition for Child &
Adolescent Mental Health
1949 E. A Street
Casper, WY 82601
307-234-0440

School Modifications and Adaptations

When it is necessary to modify or adapt a student's educational program so that he or she can be successful in school, it is important to include the student in the discussion. Ask him or her what would be helpful.

Modifications and adaptations should be chosen to fit the student's learning style. They may be written into the student's Individual Education Plan or Section 504 Plan. Any selection of the following ideas should be based on the student's need for changes in curriculum, teaching methods, classroom organization or individualized behavioral strategies.

Textbook and curriculum adaptations

Books

- provide alternative books with similar concepts, easier reading level
- provide audiotapes of textbooks, have student follow the line of print while listening
- provide high interest reading material
- use marker to highlight important textbook sections
- provide two sets of textbooks, one for home, one for school

Curriculum

- shorten assignments based on mastery of key concepts
- shorten spelling tests based on mastering most functional words
- substitute other alternatives for written assignments (clay models, posters, panoramas, collections, etc.)
- change percentage of work required for passing grade
- specify and list exactly what the student will need to learn to pass; should review this frequently
- modify expectations based on student needs (e.g., when you have read this chapter, you should be able to list three reasons for the Civil War)
- give alternative assignments rather than long written reports (e.g., write several short reports, preview new audiovisual materials and write a short review, give an oral report on an assigned topic)

Classroom modifications

- develop individualized rules for student
- evaluate classroom structure against student need (some students do better with a flexible classroom structure, others require firm limits)
- keep classroom quiet during intense learning times
- reduce visual distractions in classroom (mobiles, etc.)
- provide computer for written work
- seat student close to teacher
- use study carrel (provide extras so that student is not singled out)
- seat student away from window or doorway
- provide unobstructed view of chalkboard, teacher, movie screen, etc.
- keep extra supplies of classroom materials (pencils, books) on hand
- use alternatives to crossword puzzles or word finds

Instruction — teacher suggestions

Directions

- use both oral and printed directions
- give directions in small steps, and in as few words as possible
- number and sequence the steps in a task
- have student repeat the directions for a task
- show a model of end-product of directions (completed math problem, finished quiz)

Time/transitions

- alert student several minutes before a transition from one activity to another is planned; give several reminders
- provide additional time to complete a task
- allow extra time to turn in homework, without penalty

Handwriting

- use worksheets that require minimal writing
- do not return handwritten work to be recopied by student
- use fill-in questions with space for a brief response rather than short essay
- provide a "designated notetaker" or photocopy of other student or teacher notes (do not require a poor notetaker or a student with no friends to make arrangements with another student for notes)
- provide print outline with videotapes and filmstrips
- provide print copy of assignments or directions which are written on the blackboard
- omit assignments which require copying

Math

- allow use of a calculator without penalty
- group similar problems together (e.g., all addition)
- provide fewer problems on worksheet (4-6 problems on a page, rather than 20 or 30); require fewer problems to attain passing grades
- use enlarged graph paper to write problems, to keep numbers in columns
- provide a table of math facts for reference
- read and explain story problems, or break problems into smaller steps

Other

- check progress and provide feedback often in the first few minutes of each assignment
- place ruler under sentences being read for better tracking
- introduce an overview of long-term assignments so student knows what will be expected and when it will be due
- break long-term assignments into small, sequential steps, with daily monitoring and frequent grading
- have student practice in a small group before presenting to the class
- sequence work, with the easiest part first
- use blackline copies, not dittos
- provide study guides and questions which **directly** relate to tests
- reinforce student for recording assignments, due dates in a notebook
- draw arrows on worksheets, board or overheads to show how ideas are related (or use flow charts/arrays)

Behavior

- arrange a "check-in" time to organize day
- pair a student with a good behavioral model for class projects
- eliminate or modify those school rules which may discriminate against a child, or are not attainable
- amend consequences for rule violations (reward forgetful student for remembering to bring pencils to class, rather than punishing the failure to remember)
- develop an individualized behavior plan for the classroom that is consistent with the student's ability; most classroom behavior modification plans were not intended for use with children with attention, behavior or learning disabilities
- arrange for student to voluntarily leave classroom and report to designated "safe place" when under high stress
- develop a "system" or a code word to let a student know when behavior is not appropriate
- ignore behaviors which are not seriously disruptive
- develop interventions for behaviors which are annoying but not deliberate (e.g., provide a small piece of foam rubber for desk of student who continually taps a pencil on the desktop)
- be aware of behavioral changes which relate to medication or length of school day; modify expectations

Grading and tests

Grading

- provide partial grade based on individual progress or effort
- use daily or frequent grading averaged into grade for quarter
- weight daily work higher than tests for student who performs poorly on tests
- mark only correct answers rather than incorrect ones
- permit student to rework missed problems for better grade
- average grades out when assignments are reworked, or grade on corrected work
- use pass-fail or alternative grading system
- permit student to retake tests until passed
- if a portion of grade is based on class participation, modify participation expectations

Tests

- teach the student how to take tests (how to review and plan time allotment for each section, etc.)
- permit as much time as needed to finish tests
- allow tests to be taken in room with few distractions (allow student to take tests in library or other space)
- have test materials read to student, and allow oral responses
- divide tests into small sections of similar questions or problems
- use recognition (true-false, multiple choice or matching) tests instead of essays
- allow the student to complete an independent project as substitute for test
- give progress reports instead of grades
- grade spelling separately from content
- use typed test materials, not cursive
- allow take-home or open book tests